10/19/2007 16:19

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00196246 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 09 0 1 2007 09 3 0 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 10 17 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

ort Covering the Period: From:	01 2007	To: 0 9 3 0 2 0 0 7
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
) Cash on Hand January 1		683911.43
Cash on Hand at Begining of Reporting Period	618298.02	
e) Total Receipts (from Line 19)	161817.97	378377.64
l) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	780115.99	1062289.07
otal Disbursements (from Line 31)	60376.71	342549.79
ash on Hand at Close of		
. •	719739.28	719739.28
ebts and Obligations owed TO		
,	0.00	
-		
e committee (Itemize all on chedule C and/or Schedule D)	0.00	
	a) Cash on Hand January 1 b) Cash on Hand at Begining of Reporting Period c) Total Receipts (from Line 19) d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Coash on Hand at Close of Reporting Period Subtract Line 7 from Line 6(d)) Debts and Obligations owed To Debts and Obligations owed	COLUMN A This Period COLUMN A THIS PERIOD

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

м м 0 9

Report Covering the Period:

From:

01

^Y 2 0 0 7

To:

м м 0 9 ^D 3 0

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	130470.00	318670.00
	(i) Itemized (use Schedule A)	20527.75	49206.00
	(ii) Unitemized	28527.75	48206.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	158997.75	366876.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	158997.75	366876.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	2820.22	11501.64
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(5) Zeriiri didd (iroin dorioddic 110)		
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d),	161817.97	378377.64
	12, 13, 14, 15, 16, 17, and 18(c))	101017.07	0.0077.01
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	161817.97	378377.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBUI	RSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Exper Shared For	nditures: deral/Non-Federal		
Activity (fro	m Schedule H4) al Share	0.00	0.00
(ii) Non F	adaval Ohava	0.00	0.00
()	ederal Share eral Operating	0.00	0.00
Expenditure	es	1345.46	6106.23
	ating Expenditures i), (a)(ii) and (b))	1345.46	6106.23
. Transfers to Aff			
		0.00	0.00
 Contributions to Federal Candida and Other Politic 	ates/Committees	59000.00	332352.31
. Independent Exp		0.00	0.00
(use Schedule E Coordinated Ext	enditures Made by Party	0.00	0.00
Committees (2 l		0.00	0.00
. Loan Repaymen	ts Made	0.00	0.00
. Loans Made		0.00	0.00
	tributions To: Persons Other cal Committees	31.25	4091.25
man Foille	cai Committees		
	rty Committees	0.00	0.00
` '	cal Committees ACs)	0.00	0.00
` '	ibution Refunds 28(a), (b), and (c)) >	31.25	4091.25
	nents	0.00	0.00
. Other Disburser	110110	0.00	5.00
	n Activity (2 U.S.C 431(20)) leral Election Activity		
(from Scheo	dule H6) Share	0.00	0.00
	1	0.00	0.00
	Share	0.00	0.00
	ction Activity Paid Entirely al Funds	0.00	0.00
	al Election Activity (add a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursen	nents (add Lines 21(c), 22,		
23, 24, 25, 26,	27, 28(d), 29 and 30(c))	60376.71	342549.79
. Total Federal D	visbursements		
	1(a)(ii) from Line 30(a)(ii)	22222	A (AP :
from Line 21)		60376.71	342549.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	158997.75	366876.00
34. Total Contribution Refunds (from Line 28(d))	31.25	4091.25
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	158966.50	362784.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1345.46	6106.23
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1345.46	6106.23

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 106
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	and and add		Control Contributions from Such Continues.
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) David Abramson			Date of Receipt
	Mailing Address 70 East 66th Street			09 / 10 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: AA6QVG928143
	New York	NY	10065-6528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	1	Batch Tool - PAC
	self	Ophthalm		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Ashim Aggarwal			Date of Receipt
	Mailing Address 1800 Bramble Drive			0 9 / 2 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 6O97G9430371
	East Lansing	MI	48823-1730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln	<u> </u>	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	300.00	
).	Full Name (Last, First, Middle Initial) Phil Aitken			Date of Receipt
	Mailing Address 56 Deforest Heights			0 9 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QNN16571319
	Burlington	VT	05401-4001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)		_	915.00
	,		<u> </u>	
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 106			
	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Δr	ny information copied from such Reports and St	atemente mai	y not be cold or used by any perso				
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)				
A.	Full Name (Last, First, Middle Initial) John Aljian			Date of Receipt			
	Mailing Address 25 Johnson Avenue			09 10 2007			
	City	State	Zip Code	Transaction ID: DTSGSA644840			
	Englewood Cliffs	NJ	07632-2127	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:		Year-to-Date ▼	7			
	Primary General			1			
	Other (specify) ▼		365.00				
В.	Full Name (Last, First, Middle Initial) Louis Alpern			Date of Receipt			
	Mailing Address Suite D100 4171 N Mesa Street			09 19 2007			
	City	State	Zip Code	Transaction ID: 34K81N557966			
	El Paso	TX	79902-1400	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		1000.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:		Year-to-Date ▼	-			
	Primary General	00 0		1			
	Other (specify) ▼	0 0	1000.00				
C.	Full Name (Last, First, Middle Initial) Lee Anderson			Date of Receipt			
	Mailing Address Suite 3200 1350 S Main Street			09 / 10 / 2007			
	City	State	Zip Code	Transaction ID: AA6QVG638892			
	Fort Worth	TX	76104-7669	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
	UPTOTAL of Provints This Provi (set 1)			1730.00			
L _s	UBTOTAL of Receipts This Page (optional)		<u> </u>				
_T	OTAL This Period (last page this line number of	only)	>				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)		
A .	Receipt For:	State IA C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Primary General Other (specify) ▼	0 0	365.00		
3.	Full Name (Last, First, Middle Initial) Dennis Asselin Mailing Address 2301 Lac De Ville Boulev City	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y		
	Rochester FEC ID number of contributing federal political committee.	State NY	14618-5646	Amount of Each Receipt this Period 500.00	
	ealf '	Occupation Ophthaln Aggregate		Batch Tool - PAC	
D.	Full Name (Last, First, Middle Initial) Robert Bahr Mailing Address 150 E Manning Street			Date of Receipt M M	
	City Providence FEC ID number of contributing federal political committee.	State RI	Zip Code 02906-5109	Transaction ID: DSPONO782822 Amount of Each Receipt this Period 500.00	
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC	
s	UBTOTAL of Receipts This Page (optional))	1365.00	
т.	OTAL This Period (last page this line number only	v)			

S	CHEDULE A (FEC Form 3X)		Llee concrete achadula(a)	FOR LINE NUMBER: PAGE 9 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	information conicd from out Department and Ot			13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) Harold Ballitch			Date of Receipt
	Mailing Address 1991 Park Avenue W			09 17 2007
	City	State	Zip Code	Transaction ID: DSPOQH144566
	Mansfield	ОН	44906-2233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Charles Baltimore			Date of Receipt
	Mailing Address 639 W 15th Street			09 18 2007
	City	State	Zip Code	Transaction ID: 1QF9OI326813
	Washington	NC	27889-3526	Amount of Each Receipt this Period
	- Total III grant		27003 0320	Amount of Lacri Necelpt this Feriod
	FEC ID number of contributing federal political committee.	С	27003 0320	365.00
	FEC ID number of contributing	C		
	FEC ID number of contributing federal political committee. Name of Employer self	Occupation Ophthaln		365.00
	FEC ID number of contributing federal political committee. Name of Employer	Occupation Ophthaln	n nologist Year-to-Date ▼	365.00
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthaln	nologist	365.00
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthaln	n nologist Year-to-Date ▼	365.00
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Ophthaln	n nologist Year-to-Date ▼	Batch Tool - PAC
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive City	Occupation Ophthaln Aggregate	nologist Year-to-Date ▼ 365.00 Zip Code	Batch Tool - PAC Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive	Occupation Ophthaln Aggregate	n nologist Year-to-Date ▼ 365.00	Date of Receipt 0 9 1 1 1 2 0 0 7
C.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive City	Occupation Ophthaln Aggregate	nologist Year-to-Date ▼ 365.00 Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive City Monroe FEC ID number of contributing	Occupation Ophthaln Aggregate	nologist Year-to-Date ▼ 365.00 Zip Code 71201-5153	Date of Receipt Date o
C.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive City Monroe FEC ID number of contributing federal political committee. Name of Employer	C Occupation Ophthalm Aggregate State LA C Occupation Ophthalm	nologist Year-to-Date ▼ 365.00 Zip Code 71201-5153	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive City Monroe FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	C Occupation Ophthalm Aggregate State LA C Occupation Ophthalm	Zip Code 71201-5153	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c .	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive City Monroe FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	C Occupation Ophthalm Aggregate State LA C Occupation Ophthalm	Zip Code 71201-5153	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Joseph Barron Mailing Address 3101 Mercedes Drive City Monroe FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	C Occupation Ophthalm Aggregate LA C Occupation Ophthalm Aggregate	Zip Code 71201-5153 Tolologist Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 106
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
_	- -		Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>~</u>	NAME OF COMMITTEE (In Full)		pomoa sommoo to	
\rangle	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Loren Barrus			Date of Receipt
	Mailing Address 2925 Siskiyou Boulevard	b		09 / 27 / 2007
	City	State	Zip Code	Transaction ID: 6N7840096844
	Medford	OR	97504-8179	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) William Benevento			Date of Receipt
	Mailing Address 5891 Craigin Bluff Court			09 / 18 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QF9OI467852
	Bettendorf	IA	52722-6589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln	nologist e Year-to-Date ▼	
	Receipt For: Primary General	Aggregate		
	Other (specify) ▼		365.00	
).	Full Name (Last, First, Middle Initial) Joseph Bentivegna			Date of Receipt
	Mailing Address 541 Cromwell Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QF9OI178586
	Rocky Hill	CT	06067-1805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
s	UBTOTAL of Receipts This Page (optional)			1215.00
	,		•	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Lise separate schodulo(s)	FOR LINE NUMBER: PAGE 11 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	13 14 15 16 17 I for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) J Mark Berry			Date of Receipt
	Mailing Address 11601 Toepperwein Roa	d		09 / 24 / 2007
	City Live Oak	State TX	Zip Code 78233-3147	Transaction ID: 1QAZTX621554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Perry Binder			Date of Receipt
	Mailing Address Apt. 307 2500 6th Avenue			09 / 20 / 2007
	City	State	Zip Code	Transaction ID: 34K8CW739444
	San Diego	CA	92103-6630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
— Э.	Full Name (Last, First, Middle Initial) Bradley Black			Date of Receipt
	Mailing Address 5220 Flanders Drive			09 20 2007
	City	State	Zip Code	Transaction ID: 106O9791BDBS7F
	Baton Rouge	LA	70808-9157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln	nologist	PACWEB GENERATED CONTRIBU-
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)		·····	1000.00
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)			FOR LINE NU	JMBER:	PAGE 12 / 106
			Use separate schedule(s) or each category of the	(check only or	ne)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
			_ comes commun, age	13	14	15 16 17
An	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may	not be sold or used by any perso	n for the purpose	e of solicit	ing contributions
	NAME OF COMMITTEE (In Full)	e and add	liess of any political committee to	Solicit Contributio	7115 110111 5	such committee.
/	American Academy of Ophthalmology Inc	Political	Committee (ODUTUDAC)			
/	American Academy of Ophthalmology inc	Fullicai	Committee (OFTTTIFAC)			
	Full Name (Last, First, Middle Initial) Evan Black			Date of Re	ooint	
٦.	Mailing Address Kresge Eye Institute			M M /	DDD	/ Y Y Y Y
	4717 St. Antoine			0 9	17	2007
	City	State	Zip Code	Transactio	n ID: DS	SPONO841231
	Detroit	MI	48201			ceipt this Period
	FEC ID number of contributing	_		' '	-	1000.00
	federal political committee.	C				1000.00
	Name of Employer C	ccupation	1	Batch Too	I - PAC	
	colf ' '	phthalm				
		<u> </u>	Year-to-Date ▼			
	Primary General	-	4000.00			
	Other (specify) ▼	0 0	1000.00			
3.	Full Name (Last, First, Middle Initial) Christopher Blodi			Date of Re	ceint	
	Mailing Address Suite 133			M M /	D D	/ Y
	1501 50th Street		0 9	20	2007	
	City	State	Zip Code	Transactio	n ID: 34	K8FI679701
	West Des Moines	IA	50266-5920	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing	С				500.00
	federal political committee.	<u> </u>				
		occupation	1	Batch Too	I - PAC	
	self C	phthalm	rologist			
		Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼	0 0	000.00			
	Full Name (Last, First, Middle Initial)			+		
Э.	E Fredrick Bloemker			Date of Re	ceipt	
	Mailing Address Suite 250 500 W Thomas Road			0 9	20	2007
	City 500 W Thomas Road	State	Zip Code			K8CW564228
	•	AZ	85013-4215			ceipt this Period
	FEO ID work and contribution		00010 1210	Amount of	Lacific	
	federal political committee.	C				500.00
	Name of Francisco	\t		Batch Too	I - PAC	
	colf	occupation Ophthalm				
		•	Year-to-Date ▼			
	Primary General	199.094.0				
	Other (specify) ▼		500.00			
		- •				
				, ,		2000.00
S	UBTOTAL of Receipts This Page (optional)		······			2000.00
_	OTAL This Paried floors and the first transfer of the floors of the flor					
- 1	OTAL This Period (last page this line number only)		>			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 / 106
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) John G Boatwright			Date of Receipt
	Mailing Address Suite 201 2060 Charlie Hall Boulev	ard		09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 1QAZTX118546
	Charleston	SC	29414-6066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	-
	Primary General	, tgg. ogate	Tour to Bate V	1
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) H Culver Boldt			Date of Receipt
	Mailing Address Department Ophth/Univ of 200 Hawkins Drive	09 06 7 2007		
	City	State	Zip Code	Transaction ID: DTSGRV859468
	Iowa City	IA	52242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Batch 1001 - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
 C.	Full Name (Last, First, Middle Initial) James Braun			Date of Receipt
	Mailing Address 114 Country Club			0 9 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPOMR897132
	Hot Springs	AR	71901-8034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	7
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
S	UBTOTAL of Receipts This Page (optional)			1115.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 106 (check only one) X 11a 11b 11c 12
Ar or	ry information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	/ not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\frac{}{}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc			SOLION CONTINUENCE.
A.	self	State TN C C Cccupation Ophthaln Aggregate		Date of Receipt M M M / 21 / 2007 Transaction ID: 6097G9073564 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
3.	self	State OK C Occupation Ophthaln		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	self	State MI C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1865.00
т	OTAL This Period (last page this line number only)	>	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and ado	rnot be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ind	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Donald Budenz			Date of Receipt
	Mailing Address Bascom Palmer Eye Inst 900 Northwest 17th Stree	t		09 / 17 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPONO576818
	Miami	FL	33136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	oolf '	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General	7 iggi ogalo		1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) William Randy Burks			Date of Receipt
	Mailing Address Suite 100 5800 Colonial Drive			09 / 17 / 2007
	City	State	Zip Code	Transaction ID: DSPOQH187741
	Margate	FL	33063-5662	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	ealf	Occupatior Ophthalm		Batch Tool - PAC
	Receipt For:	•	Year-to-Date ▼	7
	Primary General		365.00	
	Other (specify)	0 0	363.00	
Э.	Full Name (Last, First, Middle Initial) Antonio Capone			Date of Receipt
	Mailing Address 632 William Beaumont M 3535 W Thirteen Mile Roa	ad		09 / 20 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K8Fl676133
	Royal Oak	MI	48073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	colf	Occupatior Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)			1365.00
т	OTAL This Period (last page this line number only	<i>(</i>)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 106
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology I	nc Politica	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Moiz Carim			Date of Receipt
Mailing Address 2630 Westview Drive			09 / 19 / 2007
City	State	Zip Code	Transaction ID: 34K81N157676
Wyomissing	PA	19610-1130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	 	Year-to-Date ▼	\dashv
Primary General	35 15		1
Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) 3. Gary Cassel			Date of Receipt
Mailing Address Ruxton Towers Suite 10 8415 Bellona Lane	4		09 17 2007
City	State	Zip Code	Transaction ID: DSPONO557042
Towson	MD	21204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		e Year-to-Date V	\dashv
Primary General	00 0	500.00	1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Joyce Cassen			Date of Receipt
Mailing Address Suite 212 850 W Hind Drive			09 17 2007
City	State	Zip Code	Transaction ID: DSPONO515348
Honolulu	HI	96821-1845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)	' '	365.00	
Other (specify)	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)		·····	1230.00
TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 106 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Manuel Chaknis			Date of Receipt
	Mailing Address PO Box 660258			09 / 24 / 2007
	•	State	Zip Code	Transaction ID: 1QAZUT114448
		AL	35266-0258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C ;		365.00
	solf ' '	ccupation phthalm		Batch Tool - PAC
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Famin Chou			Date of Receipt
	Mailing Address 1 Doctors Drive	09 / 10 / 2007		
	,	State	Zip Code	Transaction ID: AA6QVG117351
		SC	29605-4266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C ;		1000.00 Batch Tool - PAC
	self	ccupatior phthalm	nologist	Balch Tool - PAC
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
) .	Full Name (Last, First, Middle Initial) Rudolf Churner			Date of Receipt
	Mailing Address 1501 Redbud			09 / 24 / 2007
	,	State	Zip Code	Transaction ID: 1QAZTX719026
		TX	75069-3226	Amount of Each Receipt this Period
	reactal political committee.	C		500.00
	self	ccupatior phthalm	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1865.00
т.	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 106 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc F	Political	Committee (OPHTHPAC)	
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Thomas Clinch			Date of Receipt
	Mailing Address Suite 200 2 Wisconsin Circle			09 / 17 / 2007
	•	State MD	Zip Code 20815-7018	Transaction ID: DSPOQH049641 Amount of Each Receipt this Period
	FEC ID asserbes of a autobastica	C		365.00
	colf	ccupation phthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Jansen Colberg-Lugo			Date of Receipt
	Mailing Address Gpo Box 909	09 / 17 / Y Y Y Y		
	•	State	Zip Code	Transaction ID: DSPONO666511
	EEC ID as well as of a subside stine.	PR C	00623-0909	Amount of Each Receipt this Period 365.00
	colf '	ccupation phthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Joseph Conner			Date of Receipt
	Mailing Address 707 W Tipton Street			09 / 18 / 2007
	•	State IN	Zip Code 47274-2157	Transaction ID: F6LLOTJVOPSD0 Amount of Each Receipt this Period
	EEO ID annulum of a subdivision	C	7/2/7-2/3/	1000.00
	self	ccupation phthalm	nologist	PACWEB GENERATED CONTRIBU-
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SI	UBTOTAL of Receipts This Page (optional)			1730.00
т	OTAL This Period (last page this line number only)			

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 / 106
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nan	ments may ne and ado	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Loran Cook			Date of Receipt
	Mailing Address Suite 204 1055 N 300 W			09 17 2007
	City	State	Zip Code	Transaction ID: DSPOPO785363
	Provo	UT	84604-3374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	colf	Occupation Ophthalm		Batch Tool - PAC
			Year-to-Date ▼	-
	Primary General	33 13		1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Gregory Cox			Date of Receipt
	Mailing Address Building No2 2 Hamilton Health Place	09 / 20 / 4 2007		
	City	State	Zip Code	Transaction ID: 34K8FI635205
	<u>Hamilton</u>	NJ	08690-3563	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	colf '	Occupatior Ophthalm		Batch Tool - PAC
		•	Year-to-Date ▼	
	Primary General	1 1	005.00	1
	Other (specify) ▼	0 0	365.00	
Э.	Full Name (Last, First, Middle Initial) Kevin Cox			Date of Receipt
	Mailing Address 635 Robert E Lee Avenue			09 / 20 / 4 2007
	City	State	Zip Code	Transaction ID: 34K8FI649175
	Elkins	WV	26241-3282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	oolf ' '	Occupation Ophthalm		Batch Tool - PAC
			Year-to-Date ▼	-
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)			1115.00

C /	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 106
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	nc Politica	Committee (OPHTHPAC)	
Δ.	Full Name (Last, First, Middle Initial) David Craig			Date of Receipt
•	Mailing Address PO Box 680			M M / D D / Y Y Y Y
	1600 Highway 79 South			09 20 2007
	City	State	Zip Code	Transaction ID: 34K8FI256188
	Henderson	TX	75653-0680	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthain		
	Receipt For:	<u> </u>	e Year-to-Date ▼	7
	Primary General	1 1		
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Gerard D'Aversa			Date of Receipt
	Mailing Address Suite 204			M M / D D / Y Y Y Y
	65 Roosevelt Avenue	Ctata	7in Ondo	09 27 2007
	City	State	Zip Code	Transaction ID: 15269-29610842466354
	Valley Stream	NY	11581-1106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	rederal political committee.			PAGUES
	Name of Employer	Occupation	n	PAC1129
	self	Ophthaln	nologist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		205.00	
	Other (specify)		365.00	
.	Full Name (Last, First, Middle Initial) Bill Davenport			Date of Receipt
	Mailing Address 2090 Southeast Ocean E	Boulevard		M M / D D / Y Y Y Y
				09 18 2007
	City	State	Zip Code	Transaction ID: 1QF9OI149522
	Stuart	FL	34996-3304	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthain		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	Jg. 294K		1
	Other (specify) ▼		365.00	
				·
	•			
S	UBTOTAL of Receipts This Page (optional)			1230.00
	. 5 /			
Т	OTAL This Period (last page this line number or	ıly))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 106 (check only one) X 11a 11b 11c 12
Δ	of constitution and Out		, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Richard Davenport			Date of Receipt
	Mailing Address Suite 204 2424 S 90th Street			09 25 7 2007
	City	State	Zip Code	Transaction ID: 1QAZUZ536273
	West Allis FEC ID number of contributing	WI	53227-2455	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	colf	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Glenn Kenneth Davis			Date of Receipt
	Mailing Address 1510 Bob White Boulevan	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 34K8FI241722
	<u>Pulaski</u>	VA	24301-4406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00 Batch Tool - PAC
	colf ' '	Occupation Ophthaln		Datch 1001 - FAO
	Receipt For:	•	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
— Э.	Full Name (Last, First, Middle Initial) Albert De La Pena			Date of Receipt
	Mailing Address 2446 W Whittier Bouleva	rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K82E556876
	Montebello	CA	90640-3041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			1865.00
т	OTAL This Period (last page this line number only	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In			
Α.	Full Name (Last, First, Middle Initial) Paul DeGregorio Mailing Address Suite 100 2 Pillsbury Street City Concord FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NH C Occupation Ophthaln Aggregate		Date of Receipt M M M / 20 / 2007 Transaction ID: 34K8FI138474 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Peter Diedrichsen Mailing Address Eye Physicians Pc PO Box 1275 City Columbus FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NE C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D M 2007 Transaction ID: 1QF9OI240091 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
D.	Full Name (Last, First, Middle Initial) Steven Dresner Mailing Address Suite 301 2121 Wilshire Boulevard City Santa Monica FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CA C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 1QAZUT771190 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)			1365.00
T	OTAL This Period (last page this line number on	lv)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 106 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{3}{2}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			Solicit contributions from such committee.
A. 3.	Full Name (Last, First, Middle Initial) John Drouilhet Mailing Address Suite 502 1329 Lusitana Street City Honolulu FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Paul Dunn Mailing Address 275 Harvard Street	State HI C Occupatio Ophthaln Aggregate		Date of Receipt M M A Z D Z D Z D O 7 Transaction ID: 34K8Fl362623 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
	City Fall River FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify)	State MA C Occupatio Ophthalr Aggregate		Transaction ID: 6N77X4531814 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
) .	Full Name (Last, First, Middle Initial) Shehab Ebrahim Mailing Address 4717 Woodland Avenue City Metairie FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State LA C Occupatio Ophthalr		Date of Receipt M
s	UBTOTAL of Receipts This Page (optional)			980.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 106
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ind	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Tina Eckhardt			Date of Receipt
	Mailing Address 11 Sawgrass Drive			09 20 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K8FI612198
	Coal Valley	IL	61240-9148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation	1	Batch Tool - PAC
		Ophthalm		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) David Edelstein			Date of Receipt
	Mailing Address 4 Brookbridge Road			09 20 7 2007
	City Stat		Zip Code	Transaction ID: 34K8FI726367
	Great Neck	NY	11021-1017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation	1	Batch Tool - PAC
		Ophthalm		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
) .	Full Name (Last, First, Middle Initial) Paul Andrew Edwards			Date of Receipt
	Mailing Address Suite 5A 1 Ford Place			0 9 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: F47PSRXRNM53S
	Detroit	MI	48202-3450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	a olf	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			1730.00
т.	OTAL This Period (last page this line number only	v)	•	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 106 (check only one) X 11a 11b 11c 12
۸	winformation conject from such Denovte and Ct-t	omonto ma	, ,	13 14 15 16 17
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۷ ۹.	Full Name (Last, First, Middle Initial) Richard Eiferman			Date of Receipt
	Mailing Address 6400 Dutchmans Parkwa Suite 220	ıy		09 18 2007
	City	State KY	Zip Code	Transaction ID: 1QF9OI974035
	Louisville FEC ID number of contributing federal political committee.	C	40205-3368	Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Troy Elander			Date of Receipt
	Mailing Address 242 26th Street			09 / 24 / 2007
	City Santa Monica	State CA	Zip Code	Transaction ID: 1QAZTX701388
	FEC ID number of contributing federal political committee.	C	90402-2559	Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
— Э.	Full Name (Last, First, Middle Initial) Michael Elman			Date of Receipt
	Mailing Address # 310 9114 Philadelphia Road City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Baltimore	MD	21237-4350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)		·····•	1730.00
T	OTAL This Period (last page this line number on	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 26 / 106 (check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Calvin Thomas Eng.			Date of Receipt
	Mailing Address 850 S Atlantic Boulevard	Suite 301		09 21 2007
	City	State	Zip Code	Transaction ID: 6O97G9771723
	Monterey Park	CA	91754-6710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	
3.	Full Name (Last, First, Middle Initial) C Byron Faulkner			Date of Receipt
	Mailing Address 4804 S Bellhurst Avenue			09 11 2007
	City	State	Zip Code	Transaction ID: DSPOMR293587
	Springfield	MO	65804-7594	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
 D.	Full Name (Last, First, Middle Initial) Frank Fischer			Date of Receipt
	Mailing Address Suite 200 215 1st St. N			09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 1QAZUT503222
	Winter Haven	FL	33881-4537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1365.00
т	OTAL This Period (last page this line number on	lv)	.	

	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 106
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology II	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Marc Fisher			Date of Receipt
	Mailing Address 1525 West Hawkins Tra	il		09 17 2007
	City	State	Zip Code	Transaction ID: DSPOQH299278
	Kankakee	IL	60901-5469	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) John Fitz			Date of Receipt
	Mailing Address Precision Eye Care 140 Westmount Drive-P	O Box 429	ı	09 24 2007
	City	State	Zip Code	Transaction ID: 1QAZTX886381
	<u>Farmington</u>	MO	63640-0429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
		Occupation Ophthaln		Batch Tool - PAC
	federal political committee. Name of Employer	Occupation Ophthaln		
	federal political committee. Name of Employer self	Occupation Ophthaln	nologist e Year-to-Date ▼	
	federal political committee. Name of Employer self Receipt For:	Occupation Ophthaln	nologist	
D.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel	Occupation Ophthaln Aggregate	nologist e Year-to-Date ▼ 1000.00	Batch Tool - PAC Date of Receipt
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwilli	Occupation Ophthaln Aggregate	nologist e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwilli	Occupation Ophthaln Aggregate Ger Boulev State	nologist e Year-to-Date ▼ 1000.00 /a Zip Code	Date of Receipt Date of Receipt 1
.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwillii City Portland	Occupation Ophthaln Aggregate	nologist e Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwilli City Portland FEC ID number of contributing federal political committee.	Occupation Ophthaln Aggregate Ger Boulev State	nologist e Year-to-Date ▼ 1000.00 /a Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwilli City Portland FEC ID number of contributing	Occupation Ophthaln Aggregate ger Boulev State OR	nologist e Year-to-Date ▼ 1000.00 /a Zip Code 97201	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwilli City Portland FEC ID number of contributing federal political committee.	Occupation Ophthalm Aggregate ger Boulev State OR C Occupation Ophthalm	nologist e Year-to-Date ▼ 1000.00 /a Zip Code 97201	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwilli City Portland FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthalm Aggregate ger Boulev State OR C Occupation Ophthalm	nologist e Year-to-Date ▼ 1000.00 Zip Code 97201 nologist e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwillii City Portland FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthalm Aggregate ger Boulev State OR C Occupation Ophthalm	nologist e Year-to-Date ▼ 1000.00 /a Zip Code 97201	Date of Receipt M M J D D J 2 0 0 7 Transaction ID: F6LG9NUSOPSD3 Amount of Each Receipt this Period 400.00 PACWEB GENERATED CONTRIBU-
D.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christina Flaxel Mailing Address 3375 Southwest Tenwilli City Portland FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	ger Boulev State OR C Occupation Ophthalm Aggregate	nologist e Year-to-Date ▼ 1000.00 Zip Code 97201 nologist e Year-to-Date ▼ 400.00	Date of Receipt M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 106
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tamante mai	unot be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
/	` ,	na Dalitiaal	Committee (ODUTUBAC)	
/	American Academy of Ophthalmology I	nc Politica	(OPHTHPAC)	
	Full Name (Last, First, Middle Initial)			
۹.	James Fleming			Date of Receipt
	Mailing Address Suite 100			M M / D D / Y Y Y Y
	930 Madison Avenue			0 9 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: DTSGSA119750
	Memphis	TN	38103-7409	Amount of Each Receipt this Period
	<u> </u>	111	30103 7403	Amount of Each Neceipt this Feriou
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:		e Year-to-Date ▼	
	Primary General	7 1991 09410	7 Toda to Bato V	1
	Other (specify)		500.00	
	Carlor (openity)			
	Full Name (Last, First, Middle Initial)			
3.	James Fly			Date of Receipt
	Mailing Address Suite 500			M M / D D / Y Y Y Y
	1190 N State Street			09 27 2007
	City	State	Zip Code	Transaction ID: 15269-00925844907760
	Jackson	MS	39202-2473	
		IVIO	39202-2473	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			
	Name of Employer	Occupation	n	PAC1129
	self	Ophthaln		
	Receipt For:		e Year-to-Date ▼	
	Primary General	7 1991 09410	Total to Buto V	1
	Other (specify) ▼		1000.00	
	Care (epocary) V			
	Full Name (Last, First, Middle Initial)			
Э.	Terry Forrest			Date of Receipt
	Mailing Address 2503 Isaac Drive			M M / D D / Y Y Y Y
	5 2000 ISUAU DIIVE			09 17 2007
	City	State	Zip Code	Transaction ID: DSPONO197577
	Goldsboro	NC	27530-8116	Amount of Each Receipt this Period
		110	27000 0110	Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C		365.00
	rederal political committee.			
	Name of Employer self	Occupation	n	Batch Tool - PAC
	self	Ophthaln	nologist	
	Receipt For:		e Year-to-Date ▼	
	Primary General			
	Other (specify) ▼		365.00	
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	l.			
0	UBTOTAL of Receipts This Page (optional)			1865.00
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- 10	OTAL This Period (last page this line number or	1I y)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Α.	Self (State CO C C C C C C C C C C C C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) John Frantz Mailing Address 11 Club Terrace City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Newport News FEC ID number of contributing federal political committee.	VA	23606-2836	Amount of Each Receipt this Period 365.00
	self	Occupation Ophthalm Aggregate		Batch Tool - PAC
	self	State DC C Dccupation Dphthalm	Zip Code 20008-1162	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
S	UBTOTAL of Receipts This Page (optional)			1730.00
т	OTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Lica congrata cabadula(s)	FOR LINE NUMBER: PAGE 30 / 106	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
			, ,	13 14 15 16 1	7
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				_
\rangle	American Academy of Ophthalmology	Inc Politica	Committee (OPHTHPAC)		
A.				Date of Receipt	
	Mailing Address 217 Old York Road		7.0.1	09 20 2007	
	City Dillsburg	State PA	Zip Code 17019-9318	Transaction ID: 34K8FI627789 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00		
— В.	Full Name (Last, First, Middle Initial) Gretchen Fuerste			Date of Receipt	_
	Mailing Address 20922 Country Squire I	_ane		09 19 2007	
	City	State	Zip Code	Transaction ID: 34K82E851408	
	Dubuque	<u>IA</u>	52001-8002	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	365.00		
<u>С</u> .	Full Name (Last, First, Middle Initial) Richard Fuller			Date of Receipt	
	Mailing Address 3545 Lincoln Way E			09 / 24 / 2007	
	City	State	Zip Code	Transaction ID: 1QAZUT687351	
	Massillon	OH	44646-8624	Amount of Each Receipt this Period	i
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC	
	Name of Employer self	Occupation Ophthaln	nologist	Daton 1001-170	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
s	UBTOTAL of Receipts This Page (optional)			1030.00	
Т	OTAL This Period (last page this line number of				

S	CHEDULE A (FEC Form 3X)		Llac concrete cobodulo(a)	FOR LINE NUMBER: PAGE 31 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	information and formation Broads and Old			13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Wayne Fung			Date of Receipt
	Mailing Address Suite 214 2100 Webster Street			09 / 20 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K8FI539522
	San Francisco	CA	94115-2375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	7
	Primary General Other (specify) ▼		1000.00	
 3.	Full Name (Last, First, Middle Initial) Nicoletta Fynn-Thompson			Date of Receipt
	Mailing Address Ophthalmic Consultants 50 Staniford Street Suite			09 / 24 / 2007
	City	State	Zip Code	Transaction ID: BG8P4HYTZAQ1Y
	Boston	MA	02114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 PACWEB GENERATED CONTRIBU-
	Name of Employer self	Occupation Ophthaln		TION TION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address # A 15444 Dedeaux Road			09 / 27 / 2007
	City	State	Zip Code	Transaction ID: 6N7840792315
	Gulfport	MS	39503-2637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)		_	1865.00
_			<u>^</u>	
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Lisa congrata cabadula(s)	FOR LINE NUMBER: PAGE 32 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
Λ.	Mailing Address 3039 Ocean Parkway			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPOQH745848
	Brooklyn	NY	11235-8370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Frank Genovese			Date of Receipt
	Mailing Address Suite 210 200 Medical Arts Buildin	_		09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 1QAZUT740096
	Kittanning	PA	16201-7132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Jane Gilbert			Date of Receipt
	Mailing Address 94082 Hollow Stump La	ane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QF9OI877546
	North Bend	OR	97459-8570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Dalcii 1001 - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 33 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Walter Gilbert			Date of Receipt
	Mailing Address 1820 Barrs Street Suite	122		09 / 21 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 6O97G9831722
	<u>Jacksonville</u>	FL	32204-4755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	 	Year-to-Date ▼	-
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Mark Gildenhar			Date of Receipt
	Mailing Address 1703 S Meridian #101			09 / 19 / 2007
	City	State	Zip Code	Transaction ID: 34K82E241146
	Puyallup	WA	98371-7590	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
 C.	Full Name (Last, First, Middle Initial) Andrew Gillies			Date of Receipt
	Mailing Address 1 Lyons Street			09 / 17 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPOPO482124
	Dedham	MA	02026-5599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			980.00
			•	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 / 106
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) William Gillum			Date of Receipt
	Mailing Address 1519 E Sixth Street			09 / 19 / 2007
	City	State	Zip Code	Transaction ID: 34K82E336646
	Weslaco	TX	78596-6605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Michele Gleason			Date of Receipt
	Mailing Address Gleason-Janky Eye Phys 611 N Diers Avenue Suite	2		09 / 19 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K82E044364
	Grand Island	NE	68803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Alan Gordon			Date of Receipt
	Mailing Address 27 Sandy Lane Suite 220)		09 17 2007
	City	State	Zip Code	Transaction ID: DSPONO125166
	Lewistown	PA	17044-1320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼		300.00	
S	UBTOTAL of Receipts This Page (optional)			1365.00
_	OTAL This Period (last page this line number onl	w		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
A .	Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sunil Gupta Mailing Address 5150 N Davis Highway City Pensacola FEC ID number of contributing federal political committee.	State FL	Tologist Year-to-Date ▼ 500.00 Zip Code 32503-2030	Date of Receipt M
	self	Occupation Ophthalm Aggregate		Batch Tool - PAC
C .	Name of Employer self	State KY C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1800.00
T	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 106 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) Maged Habib Mailing Address Suite 102			Date of Receipt
	2300 S Congress Avenue	State	Zip Code	0 9 1 7 2 0 0 7
	Boynton Beach	FL	33426-7400	Transaction ID: DSPOPO737458 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	colf	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Robert Harbin			Date of Receipt
	Mailing Address Harbin Clinic Eye Center 1825 Martha Berry Bouler City	vard State	Zip Code	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rome	GA	30165-1698	Transaction ID: 1QAZUT935548 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Walter Hartel			Date of Receipt
Mailing Address Southern Ohio Medical Park 89 Sylvania			7'- 0-1-	0 9 0 8 2 0 0 7
	City Dayton	State OH	Zip Code 45440	Transaction ID: G7WIQY0VKQ63 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	self	Occupation Ophthaln	nologist	PACWEB GENERATED CONTRIBU-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SI	UBTOTAL of Receipts This Page (optional)			1365.00
T	OTAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 37 / 106		
	EMIZED RECEIPTS	or each category of the	(check only one)	¬ ¬			
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17		
Δr	w information copied from such Reports and St	atemente mai	y not be sold or used by any perso				
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.		
	NAME OF COMMITTEE (In Full)						
\rangle	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)				
A.	Full Name (Last, First, Middle Initial) James Haug			Date of Receipt			
	Mailing Address 605 Commercial			09 / 21	2007		
	City	State	Zip Code	Transaction ID: 6			
	Atchison	KS	66002-2404	Amount of Each R	eceipt this Period		
	FEC ID number of contributing federal political committee.	C			365.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	;		
	Receipt For:		Year-to-Date ▼				
	Primary General	-	365.00				
	Other (specify)	0 0					
В.				Date of Receipt			
	Mailing Address Geneve Eye Clinic - Sui 302 Randall Road	ite 10		09 / 24	2007		
	City	State Zip Code		Transaction ID: 1	QAZTX676665		
	Geneva	IL	60134-4209	Amount of Each R	eceipt this Period		
	FEC ID number of contributing federal political committee.	C			365.00		
	Name of Employer	Occupation	1	Batch Tool - PAC	;		
	self	Ophthaln	nologist				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		365.00				
_	Full Name (Last, First, Middle Initial)			5. (5.)			
C.	James Hayashi Mailing Address 709 Broadway			Date of Receipt			
	Mailing Address 709 Broadway			09 17			
	City	State	Zip Code	Transaction ID:	SPONO623552		
	Quincy	IL	62301-2716	Amount of Each R	eceipt this Period		
	FEC ID number of contributing federal political committee.	C			365.00		
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	,		
	Receipt For:		Year-to-Date ▼				
	Primary General		205.00				
	Other (specify) ▼		365.00				
s	UBTOTAL of Receipts This Page (optional)				1095.00		
F	1						
T	TOTAL This Period (last page this line number only)						

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 106
ITI	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ir	c Political	Committee (OPHTHPAC)	
_	Full Name (Last, First, Middle Initial) Sarah Hays			Date of Receipt
	Mailing Address 250 State Farm Parkway	,		0 9 2 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 34K8FI588843
	Birmingham	AL	35209-7181	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	 1	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial) John Hazelton			Date of Receipt
	Mailing Address 4803 Saint Johns Place			09 / 10 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DTSGSA987112
	Murrells Inlet	SC	29576-6808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthaln		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) Gregg Heatley			Date of Receipt
	Mailing Address 2870 University Avenue	#206		09 27 2007
	City	State	Zip Code	Transaction ID: 15269-91941469907761
	Madison	WI	53705-3611	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer self	Occupation		PAC1129
		Ophthaln	-	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
				1500.00
SI	JBTOTAL of Receipts This Page (optional)		······	1500.00
TC	OTAL This Period (last page this line number on	ly))	

SCHEDULE A (FEC Form 3X)		Lles serente sebenhile(s)	FOR LINE NUMBER: PAGE 39 / 106
TEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Bernhard Heersink			Date of Receipt
Mailing Address Suite 1 21 Highland Avenue			09 / 19 / 2007
City	State	Zip Code	Transaction ID: 34K82E005545
Newburyport	MA	01950-3873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		Year-to-Date ▼	-
Primary General	33 - 3		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Joseph Hegleh			Date of Receipt
Mailing Address Florida Eye and Laser Ir 3195 Tamiami Trail	09 / 25 / Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 33CP02101885
Port Charlotte	FL	33952-8029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	, , ,	400.00	
Other (specify)	0 0	***************************************	
Full Name (Last, First, Middle Initial) Jeffrey Hertz			Date of Receipt
Mailing Address 79 Wawecus Street			09 / 17 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: DSPONO858669
Norwich	CT	06360-2160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	
Primary General		500.00	
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1150.00
TOTAL This Period (last page this line number or	nlv)		

J	CHEDULE A (FEC Form 3X)		l la a a su avata a abaskula (a)	FOR LINE NUMBER: PAGE 40 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) John Hoines			Date of Receipt
	Mailing Address 1630 Adams Street			09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 1QAZUT670342
	Mankato	MN	56001-4801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date V	-
	Primary General	7 .gg. 0ga.c		1
	Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Jack Holladay			Date of Receipt
	Mailing Address 5108 Braeburn Drive			09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 1QAZUT494534
	Bellaire	TX	77401-4902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
			1000.00	
	Other (specify) ▼			
 C.	Full Name (Last, First, Middle Initial) Jeffery Hottman			Date of Receipt
D .	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street	Chah		09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- .	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City	State	Zip Code	0 9 1 4 2 0 0 7 Transaction ID: F47UFIFVHFP60
	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City Omaha	State NE		09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City Omaha FEC ID number of contributing federal political committee.		Zip Code	Transaction ID: F47UFIFVHFP60 Amount of Each Receipt this Period 365.00
D .	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City Omaha FEC ID number of contributing	NE	Zip Code 68131	Transaction ID: F47UFIFVHFP60 Amount of Each Receipt this Period
C .	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City Omaha FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	NE C Occupation Ophthaln	Zip Code 68131	Transaction ID: F47UFIFVHFP60 Amount of Each Receipt this Period 365.00 PACWEB GENERATED CONTRIBU-
Э.	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City Omaha FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	NE C Occupation Ophthaln	Zip Code 68131 nologist e Year-to-Date ▼	Transaction ID: F47UFIFVHFP60 Amount of Each Receipt this Period 365.00 PACWEB GENERATED CONTRIBU-
D .	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City Omaha FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	NE C Occupation Ophthaln	Zip Code 68131	Transaction ID: F47UFIFVHFP60 Amount of Each Receipt this Period 365.00 PACWEB GENERATED CONTRIBU-
	Full Name (Last, First, Middle Initial) Jeffery Hottman Mailing Address Midwest Eye Care 4353 Dodge Street City Omaha FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthalm Aggregate	Zip Code 68131 nologist Year-to-Date ▼ 365.00	Transaction ID: F47UFIFVHFP60 Amount of Each Receipt this Period 365.00 PACWEB GENERATED CONTRIBUTION

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ang	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Α.	self Receipt For: Primary General	State CT Ccupatior Occupatior Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	self	State PA C Occupation Ophthalm	Zip Code 15219 nologist Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	self	State MD C C C C C C C C C C C C C C C C C C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)			1250.00
TC	OTAL This Period (last page this line number only)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information copied from such Reports and State	mente mai	y not be sold or used by any perso	
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Mami Aiello Iwamoto			Date of Receipt
	Mailing Address Ophthalmic Consultants-E 50 Staniford 6th Floor			09 / 24 / 7 7 7 7
	City	State	Zip Code	Transaction ID: FA61RHJCBORDJ
	Boston	MA	02114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	colf	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
			e Year-to-Date ▼	7
	Primary General	1 1	365.00	
	Other (specify)	0 0	363.00	
3.	Full Name (Last, First, Middle Initial) Howard Jacobson			Date of Receipt
	Mailing Address 1145 19th Street Northwest Suite 335			09 10 7 2007
	City	State	Zip Code	Transaction ID: AA6QVG555257
	Washington	DC	20036-3717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	ealf '	Occupation Ophthaln		Batch Tool - PAC
		•	e Year-to-Date ▼	7
	Primary General		300.00	
	Other (specify)	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Mark Jenkins			Date of Receipt
	Mailing Address Suite 160 333 N Rivershire Drive			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 15269-72919863462448
	Conroe	TX	77304-2711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	oolf '	Occupation		PAC1129
		Ophthaln Aggregate	e Year-to-Date ▼	\dashv
	Primary General	riggrogate		1
	Other (specify) ▼	0 0	365.00	
_ s	UBTOTAL of Receipts This Page (optional)			1030.00
_				
Т	OTAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
II EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) A. James Jochum			Date of Receipt
Mailing Address 787 Healthcare Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: DSPOQH268284
Orange City	FL	32763-8325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) B. John Johnson			Date of Receipt
Mailing Address Johnson City Eye Clinic 110 Med Tech Parkway	•		09 / 15 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 68304-88050478696824
Johnson City	TN	37604-2256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00 PAC 2nd of 4th
Name of Employer self	Occupation Ophthaln		77.0 210 01 401
Receipt For:		e Year-to-Date V	-
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) C. Paul Jones			Date of Receipt
Mailing Address 1550 Riverside Avenue			09 19 2007
City	State	Zip Code	Transaction ID: 34K81N388321
<u>Jacksonville</u>	<u>FL</u>	32204-4161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1490.00
TOTAL This Period (last page this line number of	only)		

2	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 44 / 106			
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
Δn	y information copied from such Reports and Stat	emente may	y not be sold or used by any perso				
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
\	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)				
/	American Academy of Ophthalmology in	io i diitidai	r committee (Cr mm 7.6)				
	Full Name (Last, First, Middle Initial)						
٩.	James Kao			Date of Receipt			
	Mailing Address 6 Crane Street			M M / D D / Y Y Y			
				09 08 2007			
	City	State	Zip Code	Transaction ID: G7W268MPKQ63			
	Irvine	CA	92602-2417	Amount of Each Receipt this Period			
	FEC ID number of contributing			300.00			
	federal political committee.	C		300.00			
	Name of Caralagas	0	_	PACWEB GENERATED CONTRIBU-			
	Name of Employer self	Occupation Ophthaln		TION			
	Descipt For:		e Year-to-Date ▼	_			
	Receipt For: Primary General	Aggregate	e Year-lo-Dale ▼	.			
	Other (specify)		300.00				
	Other (specify)	0 0					
	Full Name (Last, First, Middle Initial)			+			
3.	Martin Kaplan			Date of Receipt			
	Mailing Address Southdale Eye Clinic			M M / D D / Y Y Y Y			
	6533 Drew Avenue S			09 18 2007			
	City	State	Zip Code	Transaction ID: 1QF9OI253333			
	Edina	MN	55435	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		365.00			
	<u> </u>			Batch Tool - PAC			
	Name of Employer self	Occupation		Batter 1001 - 1 AO			
		Ophthaln					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		365.00				
	Other (specify) ▼		303.00				
•	Full Name (Last, First, Middle Initial) Alex Keller			Date of Receipt			
٠.	Mailing Address 1010 Prince Avenue			┪			
	Walling Address TOTO Prince Avenue			09 18 2007			
	City	State	Zip Code	Transaction ID: 1QF9OC229624			
	Athens	GA	30606-5805	Amount of Each Receipt this Period			
		<u> </u>					
	FEC ID number of contributing federal political committee.	C		365.00			
				Batch Tool - PAC			
	Name of Employer self	Occupation		Balcii 1001 - FAC			
		Ophthaln					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		365.00				
	Other (specify) ▼		303.00				
	SUBTOTAL of Descripts This Days (entional)						
SI	UBTOTAL of Receipts This Page (optional)		······	1030.00			
T	OTAL This Period (last page this line number on	ly)	>				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 106 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
			Detailed Summary Fage	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Michael Kelly			Date of Receipt
	Mailing Address Suite 104 4201 Lake Boone Trail			0 9 1 7 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPONO881472
	Raleigh	NC	27607-7511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	•	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Stephen Kelly			Date of Receipt
	Mailing Address PO Box 1727 100 S Park Drive			0 9 1 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 1QF9OI616081
	Brownwood	TX	76804-1727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
— Э.	Full Name (Last, First, Middle Initial) Craig King			Date of Receipt
	Mailing Address Suite 100 3209 N 4th Street			09 11 2007
	City	State	Zip Code	Transaction ID: DSPOMR794316
	Longview	TX	75605-5170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
SI	UBTOTAL of Receipts This Page (optional)			1730.00
т	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 106 (check only one) X 11a 11b 11c 12
Δn	y information copied from such Reports and State	mente ma	, 0	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	ne and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc			
۸.	Full Name (Last, First, Middle Initial) Steven Kirkham			Date of Receipt
	Mailing Address Marion Eye Center 1462 Marion Waldo Road			09 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Marion	State OH	Zip Code 43302	Transaction ID: F2FFQPPZQ6AA4
	FEC ID number of contributing federal political committee.	C	45502	Amount of Each Receipt this Period 750.00
	colf	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
			Year-to-Date ▼ 750.00	
3.	Full Name (Last, First, Middle Initial) Stephen Knight			Date of Receipt
	Mailing Address 930 Springdale Road Nort	theast		09 10 7 2007
	City	State	Zip Code	Transaction ID: DTSGSA677745
	Atlanta FEC ID number of contributing federal political committee.	GA C	30306-2628	Amount of Each Receipt this Period 250.00
	solf '	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— Э.	Full Name (Last, First, Middle Initial) Michael Korey			Date of Receipt
	Mailing Address 3982 North Milwaukee Av	enue		09 11 2007
	City Chicago	State II	Zip Code	Transaction ID: F2FLD43UGSTD7
	FEC ID number of contributing federal political committee.	C	60641-2703	Amount of Each Receipt this Period 365.00
	self	Occupation Ophthaln	nologist	PACWEB GENERATED CONTRIBU-
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			1365.00
т.	OTAL This Period (last page this line number only	<i>(</i>)		

SCHEDULE A (FEC Form 3X)		l lea canarata cahadula(a)	FOR LINE NUMBER: PAGE 47 / 106
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			
Full Name (Last, First, Middle Initial) Kristine Kunesh-Part Mailing Address 2601 Far Hills Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dayton	State OH	Zip Code 45419-1634	Transaction ID: 6O97HQ938052 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Scott Lanoux			Date of Receipt
Mailing Address Suite 900 2820 Napoleon Avenue		71.0	09 25 2007
City	State LA	Zip Code	Transaction ID: 1QAZUZ790337
New Orleans FEC ID number of contributing federal political committee.	C	70115-8200	Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Richard Lee			Date of Receipt
Mailing Address Suite 201 491 30th Street			09 / 18 / Y Y Y Y Y Y
City <u>Oakland</u>	State CA	Zip Code 94609-3235	Transaction ID: 1QF90C782914
FEC ID number of contributing federal political committee.	C	34003-3233	Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)			3300.00
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 48 / 106 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
_		o i ontioui	Committee (Crimming)	
۹.	Full Name (Last, First, Middle Initial) Elise Leonard			Date of Receipt
	Mailing Address Suite 300 8890 W Oakland Park Bo	ulevard		09 10 7 2007
	City	State	Zip Code	Transaction ID: F1TZAQJFQ6AAJ
	Sunrise	FL	33351-7224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	colf '	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Cecily Lesko			Date of Receipt
	Mailing Address North Jersey Eye Assoc 1005 Clifton Avenue			09 / 27 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 6N7840907853
	<u>Clifton</u>	NJ	07013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC
	colf	Occupation Ophthalm		Balcii 100i - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
— Э.	Full Name (Last, First, Middle Initial) Andrew Levada			Date of Receipt
	Mailing Address Suite 100 1201 W Main Street			09 / 25 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 33CPFH074429
	Waterbury	CT	06708-3105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	colf '	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1865.00
	OTAL This Period (last page this line number only			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 106
TEMIZED RECEIPTS			or each category of the	(check only one)
1\			Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
Any in	formation copied from such Reports and Stat commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
	ME OF COMMITTEE (In Full)		.,	
1	nerican Academy of Ophthalmology Ir	c Political	Committee (OPHTHPAC)	
_	l Name (Last, First, Middle Initial) drew Lewis			Date of Receipt
Ма	iling Address 102 Dawn Place			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: DTSGSA823364
	orktown	VA	23693-3628	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		365.00
Na sel	me of Employer	Occupation		Batch Tool - PAC
_		Ophthalm		_
Re	ceipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
	I Name (Last, First, Middle Initial) ymond Liggio			Date of Receipt
Mailing Address 80 Lindall Street				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	у	State	Zip Code	Transaction ID: 1QAZUT252651
<u>Da</u>	anvers	MA	01923-2135	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		500.00
Na sel	me of Employer f	Occupation		Batch Tool - PAC
		Ophthalm	nologist e Year-to-Date ▼	_
ne	ceipt For: Primary General	Aggregate		
	Other (specify) ▼		500.00	
	I Name (Last, First, Middle Initial) vid Lightman			Date of Receipt
Ма	iling Address # 104 800 W 4th Street			09 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	y	State	Zip Code	Transaction ID: DSPONO458349
	illiamsport	PA	17701-7200	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		500.00
Na sel	me of Employer f	Occupation Ophthalm		Batch Tool - PAC
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
SURT	FOTAL of Receipts This Page (optional)			1365.00
JUBI	THE OF HOOGIPES THIS I age (optional)		······································	
TOTA	AL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 106 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
$\frac{}{}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In			CONTROL OF THE PROPERTY OF THE
A .	Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th Street City Bryan FEC ID number of contributing federal political committee. Name of Employer self	State TX C Occupation Ophthalm	nologist	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: DSPOMR652215 Amount of Each Receipt this Period 25.00 Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
3.	Full Name (Last, First, Middle Initial) Samuel Lo Mailing Address Suite 418 1441 Kapiolani Boulevard City Honolulu FEC ID number of contributing	State HI	Zip Code 96814-4400	Date of Receipt M M
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		PACWEB GENERATED CONTRIBUTION
	Full Name (Last, First, Middle Initial) Louis Lobes Mailing Address Suite 500 3501 Forbes Avenue City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State PA C Occupation Ophthaln Aggregate		Date of Receipt M M Z D Z D Z D Z D Z D Z D Z D Z D Z D
s	UBTOTAL of Receipts This Page (optional)			890.00
Т	OTAL This Period (last page this line number on	lv)	b	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 106			
			Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			, -	13 14 15 16 17			
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)				
۹.	Full Name (Last, First, Middle Initial) Kevin Lorenz			Date of Receipt			
	Mailing Address Eye Clinic of N Dakota 620 N 9th Street			09 / 19 / 2007			
	City	State	Zip Code	Transaction ID: 34K82E522006			
	Bismarck	ND	58501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		365.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:		Year-to-Date ▼				
	Primary General	33 - 3	365.00	1			
	Other (specify)		000.00				
3.	Full Name (Last, First, Middle Initial) Luis Lu			Date of Receipt			
	Mailing Address Elk County Eye Clinic 765 Johnsonburg Road	09 / 17 / 2007					
	City	·					
	St. Marys	<u>PA</u>	15857	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify)		250.00	1			
		0 0	0 0 0 0 0 0 0	J			
Э.	Full Name (Last, First, Middle Initial) David Ludwick			Date of Receipt			
	Mailing Address Suite 102 825 5th Avenue			09 20 7			
	City	State	Zip Code	Transaction ID: 34K8FI768233			
	Chambersburg	PA	17201-4220	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC			
	Receipt For:		Year-to-Date ▼				
	Primary General		500.00	1			
	Other (specify)	0 0	500.00				
s	SUBTOTAL of Receipts This Page (optional)						
	UBTOTAL of Receipts This Page (optional)		.	1113.00			
_	UBTOTAL of Receipts This Page (optional)		<u> </u>	1113.00			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 106
	MIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Anv	information copied from such Reports and State	ments may	not be sold or used by any perso	
or fo	or commercial purposes, other than using the nation	me and add	dress of any political committee to	solicit contributions from such committee.
\ \	IAME OF COMMITTEE (In Full)			
<i>) </i>	American Academy of Ophthalmology Ind	c Political	Committee (OPHTHPAC)	
′ -	Full Name (Last, First, Middle Initial)			
	Miguel Lugo			Date of Receipt
N	Mailing Address Suite 223			M M / D D / Y Y Y Y
-	661 E Altamonte Drive	State	Zip Code	09 10 2007
	Altamonte Springs	FL	32701-5102	Transaction ID: DTSGSA255020 Amount of Each Receipt this Period
_	EC ID number of contributing		027010102	
	ederal political committee.	C		365.00
_	Name of Employer	Occupation		Batch Tool - PAC
8	relf ' '	Ophthalm		
F	Receipt For:		Year-to-Date ▼	1
	Primary General	· · ·	365.00	
	Other (specify) ▼		303.00	
F	Full Name (Last, First, Middle Initial)			
	lennifer Lyons			Date of Receipt
Ν	Mailing Address 2625 Southwest Sherwoo	d Drive		09 20 Y Y Y Y Y Y Y
-	Dity	State	Zip Code	Transaction ID: 34K8CW855439
	Portland	OR	97201-1616	Amount of Each Receipt this Period
F	EC ID number of contributing			
	ederal political committee.	C		365.00
<u> </u>	Name of Employer	Occupation	1	Batch Tool - PAC
8	self	Ophthalm	nologist	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	365.00	
	Other (specify)		0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
-	Vilufar Maboudi			Date of Receipt
۱	Mailing Address Griffin and Reed Eyecare 651 Fulton Avenue			09 26 2007
Ċ	City	State	Zip Code	Transaction ID: FBCX2LM9PC33A
\$	Sacramento	CA	95825	Amount of Each Receipt this Period
	EC ID number of contributing	С		500.00
f	ederal political committee.	9		
Ŋ	olf	Occupation		PACWEB GENERATED CONTRIBU-
_		Ophthalm		-
H	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
			0 0 0 0 0 0 0	
	<u> </u>			1000.00
SU	BTOTAL of Receipts This Page (optional)		·····	1230.00
TO	TAI This Davied (last ages this Program)			
10	TAL This Period (last page this line number only	y)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 106 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Stater	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) William Thomas Mabrey			Date of Receipt
	Mailing Address 9800 Lile Drive Suite 501			09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 3Y1QAZSZT9NMH6
	Little Rock	AR	72205-6243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	colf ' '	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Stephen Magie			Date of Receipt
	Mailing Address 9800 Lile Drive Suite 501			09 / 17 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPOQH303309
	Little Rock	AR	72205-6243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 Batch Tool - PAC
	solf '	Occupation Ophthalm		Balcii 100i - PAC
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ray Maizel			Date of Receipt
	Mailing Address 2224 Alaqua Drive			09 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QF9OC634867
	Longwood	FL	32779-3100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	colf	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			2300.00
т.	OTAL This Period (last page this line number only))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 54 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)	l 🗆
•			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso		
or		ame and add	dress of any political committee to	solicit contributions from s	such committee.
/	NAME OF COMMITTEE (In Full)				
/	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Vasilis Makris			Date of Receipt	
	Mailing Address Muncie Cataract and Las 3300 W Purdue Avenue			09 / 20	2007
	City	State	Zip Code	Transaction ID: 34	
	Muncie	IN	47304-6355	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer self	Occupation	า	Batch Tool - PAC	
		Ophthaln			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	1000.00		
	Other (specify) ▼	0 0			
3.	Full Name (Last, First, Middle Initial) William Mallon			Date of Receipt	
	Mailing Address 3500 US 1			09 / 17	2007
	City	State	Zip Code	Transaction ID: DS	SPOPO527240
	Vero Beach	FL	32960-4511	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C		David Turk DAS	500.00
	Name of Employer self	Occupation		Batch Tool - PAC	
		Ophthaln	•		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial) David Mallory			Date of Receipt	
••	Mailing Address 1240 Southwest 44th			M M / D D	/ Y Y Y Y
				0 9 1 8	2007
	City	State	Zip Code	Transaction ID: 1C	
	Oklahoma City	OK	73109-3604	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			365.00
	Name of Employer self	Occupation		Batch Tool - PAC	
		Ophthaln		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		365.00		
s	UBTOTAL of Receipts This Page (optional)				1865.00
_					
T	OTAL This Period (last page this line number on	ıly)	>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 55 / 106
	-		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Robert Maloney			Date of Receipt
	Mailing Address Maloney Vision Inst 10921 Wilshire Boulevar	d Suite 90		09 / 19 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K82E314042
	Los Angeles	CA	90024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	7.99.094.0		
	Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) George Malouf			Date of Receipt
	Mailing Address 5802 Baltimore Avenue	09 19 2007		
	City	Transaction ID: 34K82E327774		
	<u>Hyattsville</u>	MD	20781-1623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) Suresh Mandava			Date of Receipt
	Mailing Address 15 Daffodil Lane			09 18 2007
	City	State	Zip Code	Transaction ID: 1QF9OI222848
	Cos Cob	CT	06807-1410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General		e Year-to-Date ▼	
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)			1030.00
			·	
T	OTAL This Period (last page this line number on	ıly)		

SCHEDULE A (FEC For	m 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 106
ITEMIZED RECEIPTS	,	or each category of the	(check only one) X 11a
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Report for commercial purposes, other than	oorts and Statements may n using the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)		71	
American Academy of Ophth	almology Inc Politica	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial Mark Mandel	al)		Date of Receipt
Mailing Address 1237 B Stree	t		09 / 12 / 2007
City Havward	State CA	Zip Code 94541-2915	Transaction ID: 1QKOZV173450
FEC ID number of contributing		94041-2910	Amount of Each Receipt this Period
federal political committee.	C		1000.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initia 3. William Mandrick	al)		Date of Receipt
Mailing Address 6121 Manton	Avenue		0 9 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: 34K81N280528
Woodland Hills	CA	91367-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer self	Occupation		Batch Tool - PAC
Receipt For:	Ophthain Aggregate	nologist e Year-to-Date 🔻	
Primary General	7,99,094.0		1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initia	al)		Date of Receipt
Mailing Address C/O Ophthaling 150 Muir Roa	mology Department (112L	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 33CPFH727512
Martinez	CA	94553-4668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00]
SUBTOTAL of Receipts This Page (optional)		1865.00
TOTAL THE D. L. 14.			
TOTAL This Period (last page this li	ne number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nar	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Jack Mason			Date of Receipt
	Mailing Address 555 South Dora Street			09 18 7 2007
	City	State	Zip Code	Transaction ID: 1QF9OC453834
	Ukiah	CA	95482-5424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	a olf	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Raj Maturi			Date of Receipt
	Mailing Address Midwest Eye Institute 201 Pennsylvania Parkwa	09 / 24 / 2007		
	City	State	Zip Code	Transaction ID: 1QAZTX252128
	Indianapolis	<u>IN</u>	46280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	solf '	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:	•	Year-to-Date ▼	7
	Primary General		1000.00	
	Other (specify)		1000.00	
Э.	Full Name (Last, First, Middle Initial) Kevin McAuliffe			Date of Receipt
	Mailing Address 9925 San Jose Boulevard			09 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPOQH078657
	<u>Jacksonville</u>	FL	32257-5851	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	colf	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General	' '	365.00	
	Other (specify)	0 0	0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)		·····	1865.00
			.	

SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 106
ITEMIZED RECEIPTS	•	or each category of the	(check only one) X 11a 11b 11c 12
31 -0- •		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmolog	gy Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Bobby McCullen			Date of Receipt
Mailing Address Suite A 2325 Aberdeen Boule		7: 0 !	09 / 17 / 2007
City Gastonia	State NC	Zip Code 28054-0642	Transaction ID: DSPOQH819486 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004 0042	1000.00
Name of Employer self	Occupation Ophthalr		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) John McGetrick	•		Date of Receipt
Mailing Address Gessler Clinic 635 First St. N	Chata	7:a Oada	0 9 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Winter Haven	State FL	Zip Code 33881	Transaction ID: F4T8JW34IFP66 Amount of Each Receipt this Period
FEC ID number of contributing		00001	
federal political committee.	C		125.00 PACWEB GENERATED CONTRIBU-
Name of Employer self	Occupatio Ophthalr		TION
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Tim McLaughlin	•		Date of Receipt
Mailing Address 604 Bay Cliffs Road			0 9 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 1QF9OI088304
Gulf Breeze	FL	32561-4806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00 Batch Tool - PAC
Name of Employer self	Occupation Ophthalr	nologist	- Sator roof 1710
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			1425.00
TOTAL This Period (last page this line numb	or only)		
I VIAL THIS FEHOU (IAST PAGE THIS THE NUMB)	≂ı ∪ıııy <i>)</i>	··············	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
/	Full Name (Last, First, Middle Initial) David McNeill Mailing Address 1401 Papworth Avenue City Metairie FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Mehelas	State LA C Occupation Ophthaln Aggregate		Date of Receipt M M
3.	Inomas Mehelas Mailing Address 350 Sawgrass Court City Holland FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	State OH C Occupation Ophthaln Aggregate		Transaction ID: 34K82E206866 Amount of Each Receipt this Period Batch Tool - PAC
) .	Full Name (Last, First, Middle Initial) Calvin Mein Mailing Address Suite 310 9480 Huebner Road City San Antonio FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State TX C Occupation Ophthaln Aggregate		Date of Receipt M M A 20 2007 Transaction ID: 34K8CW122880 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)			1350.00
T	OTAL This Period (last page this line number o	nlv)	_	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 60 / 106 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology I	nc Political	I Committee (OPHTHPAC)	
۸.	Full Name (Last, First, Middle Initial) James Merritt			Date of Receipt
	Mailing Address Suite 508 8230 Walnut Hill Lane			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: GDUGX5HE3LQ6
	Dallas	TX	75231-4400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Michael Edward Migliori			Date of Receipt
	Mailing Address Suite 301 120 Dudley Street	09 16 2007		
	City	State	Zip Code	Transaction ID: 68304-28333681821823
	Providence	RI	02905-2429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer self	Occupation Ophthaln		PAC 2nd of 4
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 C.	Full Name (Last, First, Middle Initial) Sanford Moretsky			Date of Receipt
	Mailing Address 2125 West Indian School	ol Road		09 21 2007
	City	State	Zip Code	Transaction ID: 6O97G9322375
	Phoenix	AZ	85015-4908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1125.00
т(OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and Stat	ements may	y not be sold or used by any nerso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Paul Moyer			Date of Receipt
	Mailing Address 520 Bruton Circle			09 / 17 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DSPONO816156
	Kettering	OH	45429-1624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		500.00	
3.	Full Name (Last, First, Middle Initial) Robert Munsch			Date of Receipt
	Mailing Address 7406 Buckingham Court			09 20 7 2007
	City	State	Zip Code	Transaction ID: 34K8CW626885
	St. Louis	MO	63105-2908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) James Murphy			Date of Receipt
٠.	Mailing Address 5202 Faraon Street			M M / D D / Y Y Y Y
				09 17 2007
	City	State	Zip Code	Transaction ID: DSPOPO368065
	St. Joseph	MO	64506-3840	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1365.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 62 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Anthony Musto			Date of Receipt
	Mailing Address Suite 101 3060 Main Street			09 / 10 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: AA6QVG415337
	Stratford	CT	06614-4945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
_	Full Name (Last, First, Middle Initial) David Nethery			Date of Receipt
٥.	Mailing Address Nethery Eye Associates			M M / D D / Y Y Y Y
	6551 Harris Parkway Suit	te 200		09 18 2007
	City	State	Zip Code	Transaction ID: 1QF9OC449338
	Fort Worth	TX	76132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	•	Year-to-Date ▼	
	Primary General			
	Other (specify) ▼		1000.00	
Э.	Full Name (Last, First, Middle Initial) Catherine Newton			Date of Receipt
	Mailing Address Suite 170 6420 Dutchmans Parkwa	•		09 / 24 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QAZTX663421
	Louisville	KY	40205-3353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	1 1	1000.00	
s	UBTOTAL of Receipts This Page (optional)			2365.00
_	OTAL This Decid (Co. 1997)			
\mathbf{I}	OTAL This Period (last page this line number onl	y)		

S	CHEDULE A (FEC Form 3X)		Llog concrete cobodulo(a)	FOR LINE NUMBER: PAGE 63 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	o information and formation Boards and Older			13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may ie and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Ngoc Nguyen			Date of Receipt
	Mailing Address Suite 300 2380 Montpelier Drive			09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QKOZV150630
	San Jose	CA	95116-1620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	oolf '	Occupation Ophthalm		Batch Tool - PAC
		<u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Corey Notis Mailing Address 900 Stuyvesant Avenue			Date of Receipt
	Maining Address 900 Stuyvesant Avenue			09 17 2007
	City	State	Zip Code	Transaction ID: DSPOQH247163
	<u>Union</u>	NJ	07083-6936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	colf ' '	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
 C.	Full Name (Last, First, Middle Initial) Sara O'Connell			Date of Receipt
	Mailing Address 7504 Antioch Road			09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 1QAZTX182767
	Overland Park	KS	66204-2622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	colf	Occupation Ophthalm		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
S	JBTOTAL of Receipts This Page (optional)		·····	2365.00
	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	_
A.				Date of Receipt
	Mailing Address 79 Wawecus			09 20 7 2007
		State	Zip Code	Transaction ID: 34K8Fl367427
	Norwich	CT	06360-2160	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	colf	occupation Ophthalm		Batch Tool - PAC
		<u> </u>	Year-to-Date ▼	
	Primary General	-	365.00	
	Other (specify) ▼	0 0	363.00	
В.	Full Name (Last, First, Middle Initial) Stephen Obstbaum			Date of Receipt
	Mailing Address Floor 8			M M / D D / Y Y Y Y
	121 E 60th Street			09 26 2007
	•	State	Zip Code	Transaction ID: 6N77X4666540
	New York	NY	10022-1117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	colf	ccupation		Batch Tool - PAC
		phthalm		<u></u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
	Guiei (Speeny) 🗸	0 0		
C.	Full Name (Last, First, Middle Initial) Lanny Odin			Date of Receipt
	Mailing Address 5109 Blackwolf Road			09 24 7 2007
		State	Zip Code	Transaction ID: 1QAZUT215313
	Springfield	<u>IL</u>	62711-7894	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	aalf	ccupation phthalm		Batch Tool - PAC
		•	Year-to-Date ▼	7
	Primary General	-	1000.00	1
	Other (specify)	0 0	1000.00	
[UBTOTAL of Receipts This Page (optional)			1730.00
\vdash	ODI OTAL OF NECEIPLS THIS FAGE (OPLIONAL)			
_	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Politica	I Committee (OPHTHPAC)	
A. 3.	Full Name (Last, First, Middle Initial) Randall Olson Mailing Address Univ Med Center Depart 50 N Medical Drive City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Stephen Orr Mailing Address Suite A	State UT C Occupation Ophthaln	Zip Code 84132-0001	Date of Receipt M M M
	Mailing Address Suite A 15840 Medical Dr. S City Findlay FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State OH C Occupation Ophthaln Aggregate		Transaction ID: DSPOQH407774 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
	Full Name (Last, First, Middle Initial) David Parke Mailing Address 130 Chimney Hill Road City Wallingford FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CT C Occupation Ophthaln Aggregate		Date of Receipt M M A Z D Z D Z D D Z D D Z D D Z D D D Z D D Z D D D Z D
s	UBTOTAL of Receipts This Page (optional)		······	980.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Sanjay Patel			Date of Receipt
	Mailing Address 1501 Redbud			0 9 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McKinney	State TX	Zip Code	Transaction ID: 1QF90I736578
	FEC ID number of contributing		75069-3226	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		500.00	
 3.	Full Name (Last, First, Middle Initial) Harpreet Nini Patheia			Date of Receipt
٠.	Mailing Address 110 Pepper Hill Way			0 9 2 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 1QAZTX017353
	Aiken	SC	29801-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date V	
	Primary General		500.00	
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Scott Pautler			Date of Receipt
	Mailing Address Retina Vitreous Associate 2705 W St. Isabel Street	es		09 / 06 / 2007
	City	State	Zip Code	Transaction ID: DTSGRV487814
	Tampa	FL	33607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼	1 1	500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
_			·	
T	OTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 106 (check only one) X 11a 11b 11c 12
_	.,		, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
<u>΄</u> Δ.	Full Name (Last, First, Middle Initial) Ralph Paylor			Date of Receipt
	Mailing Address 502 East New Haven Ave	enue		09 / 19 / 2007
	City	State	Zip Code	Transaction ID: 34K82E838473
	Melbourne	FL	32901-5427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Battil 1001 - PAC
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Bryan Phillips			Date of Receipt
	Mailing Address 3807 Royal Portrush Driv	e e		0 9 1 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 34K81N454957
	Naperville	<u>IL</u>	60564-5916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		700.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
	Full Name (Last, First, Middle Initial) Thomas Prater			Date of Receipt
	Mailing Address 1265 E Primrose Street			09 17 2007
	City	State	Zip Code	Transaction ID: DSPOPO516880
	Springfield	MO	65804-4278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1565.00
т	OTAL This Period (last page this line number on	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 106 (check only one) X 11a 11b 11c 12
An or	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In			
A.	Full Name (Last, First, Middle Initial) George Primbs Mailing Address 2408 Santa Barbara Stree City Santa Barbara FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	State CA C Occupation Ophthaln		Date of Receipt M M
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Peter Pritchett Mailing Address 1800 E Pavilion Place City	State	Zip Code	Date of Receipt M M
	Montrose FEC ID number of contributing federal political committee.	CO	81401-5499	Amount of Each Receipt this Period 250.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
D .	Full Name (Last, First, Middle Initial) Norman Radtke Mailing Address Suite 240 3 Audubon Plaza Drive City Louisville FEC ID number of contributing	State KY	Zip Code 40217-1319	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		Batch Tool - PAC
S	UBTOTAL of Receipts This Page (optional)		·····	1250.00
	OTAL This Period (last page this line number on			

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 106
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology I	nc Politica	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Christopher Rapuano			Date of Receipt
	Mailing Address Wills Eye Hospital 840 Walnut Street Suite	920		09 / 24 / 2007
	City	State	Zip Code	Transaction ID: 1QAZTX484098
	Philadelphia	PA	19107-5109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 3 3	365.00	
 3.	Full Name (Last, First, Middle Initial) Chad Reder			Date of Receipt
	Mailing Address Suite 101 1680 E Herndon Avenue	<u> </u>		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 1QAZTX523481
	Fresno	CA	93720-3384	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2500.00	
 C.	Full Name (Last, First, Middle Initial) Harvey Reiser			Date of Receipt
D .	,			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D .	Harvey Reiser Mailing Address 945 Lantern Hill Road City	State	Zip Code	M M / D D / Y Y Y Y
D .	Harvey Reiser Mailing Address 945 Lantern Hill Road	State PA	Zip Code 18708-9474	09 / 19 / 2007
C .	Harvey Reiser Mailing Address 945 Lantern Hill Road City		•	Transaction ID: 34K82E253484 Amount of Each Receipt this Period 250.00
C .	Harvey Reiser Mailing Address 945 Lantern Hill Road City Shavertown FEC ID number of contributing	PA	18708-9474	Transaction ID: 34K82E253484 Amount of Each Receipt this Period
D.	Harvey Reiser Mailing Address 945 Lantern Hill Road City Shavertown FEC ID number of contributing federal political committee. Name of Employer	PA C Occupatio Ophthalr	18708-9474	Transaction ID: 34K82E253484 Amount of Each Receipt this Period 250.00
SI SI	Harvey Reiser Mailing Address 945 Lantern Hill Road City Shavertown FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	PA C Occupatio Ophthalr Aggregate	n nologist vear-to-Date ▼	Transaction ID: 34K82E253484 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 70 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)	1 🗆
•			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17
An	v information copied from such Reports and Stat	tements may	not be sold or used by any perso		
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from s	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
/	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Ann Renucci			Date of Receipt	
	Mailing Address Suite 130 1000 E Paris Avenue So			09 / 24	2007
	City	State	Zip Code	Transaction ID: 1Q	
	Grand Rapids	MI	49546-3680	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer self	Occupation		Batch Tool - PAC	
	Receipt For:	Ophthaln	nologist e Year-to-Date ▼	\dashv	
	Primary General	Aggregate	365.00	1	
	Other (specify) ▼	0 0			
3.	Full Name (Last, First, Middle Initial) Chester Ridenour			Date of Receipt	
	Mailing Address 398 Highgate Avenue			M M / D D D D 1 9	2007
	City	State	Zip Code	Transaction ID: 34	K82E240215
	Worthington	ОН	43085-3019	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer	Occupation	n	Batch Tool - PAC	
	self	Ophthaln			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		365.00		
_	Full Name (Last, First, Middle Initial)			Date of Bassist	
J.	David Ringel Mailing Address 101 A Kings Way West			Date of Receipt	/ Y
				0 9 2 4	2007
	City	State	Zip Code	Transaction ID: 1Q	AZTX792733
	Sewell	NJ	08080-2233	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		Year-to-Date ▼		
	Primary General	7.99.094.0		1	
	Other (specify) ▼	0 0	365.00		
s	UBTOTAL of Receipts This Page (optional)				1095.00
	,		•	-	
T	OTAL This Period (last page this line number on	ıly)			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE /1 / 106
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and ado	not be sold or used by any persor dress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Jeffrey Rinkoff			Date of Receipt
	Mailing Address 841 Alder Creek Drive			09 19 2007
	City	State	Zip Code	Transaction ID: 34K81N753366
	Medford	OR	97504-8900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	colf	Occupation		Batch Tool - PAC
		Ophthalm		
	Receipt For: Primary General	aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
3.	Full Name (Last, First, Middle Initial) John Robinson			Date of Receipt
	Mailing Address Robinson Eye Institute 501 E Macarthur Street			09 06 7 2007
	City	State	Zip Code	Transaction ID: DTSGRV586114
	Shawnee	OK	74804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	colf	Occupation		Batch Tool - PAC
		Ophthalm		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
) .	Full Name (Last, First, Middle Initial) Aron Rose			Date of Receipt
	Mailing Address Suite 5B 40 Temple Street			09 20 7
	City	State	Zip Code	Transaction ID: 34K8CW275159
	New Haven	CT	06510-2715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	oolf ' '	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)		>	1250.00
т,	This Period (last page this line number only	v)		

IJι	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and Sta	tements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Richard Rothman			Date of Receipt
	Mailing Address Suite 1625 1034 South Brentwood			09 24 2007
	City	State	Zip Code	Transaction ID: 1QAZUT175599
	St. Louis	MO	63117-1280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Walter Rotkis			Date of Receipt
٥.	Mailing Address Suite 1420			M M / D D / Y Y Y Y
	1221 Madison Street		7' 0 1	09 27 2007
	City Seattle	State WA	Zip Code 98104-1367	Transaction ID: 6N7840230652
	Seame	VVA	98104-1367	
			30104 1007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30104 1007	1000.00
	FEC ID number of contributing	C Occupation	n	
	FEC ID number of contributing federal political committee. Name of Employer self	Occupation Ophthaln	n nologist	1000.00
	FEC ID number of contributing federal political committee. Name of Employer	Occupation Ophthaln	n nologist e Year-to-Date ▼	1000.00
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthaln	n nologist	1000.00
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff	Occupation Ophthaln	n nologist e Year-to-Date ▼	1000.00
.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro	Occupation Ophthaln Aggregate	n nologist e Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro	Occupation Ophthaln Aggregate	n nologist e Year-to-Date ▼ 1000.00	Date of Receipt Date of Receipt 2 0 0 7 1
C .	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro	Occupation Ophthaln Aggregate	n nologist e Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro	Occupation Ophthaln Aggregate	n nologist e Year-to-Date ▼ 1000.00	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro	Occupation Ophthaln Aggregate Dad Suite L State IL C	n nologist e Year-to-Date ▼ 1000.00 LI84 Zip Code 60045-1681	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro City Lake Forest FEC ID number of contributing federal political committee.	Occupation Ophthaln Aggregate Dad Suite L State IL C Occupation Ophthaln	n nologist e Year-to-Date ▼ 1000.00 LI84 Zip Code 60045-1681	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Э.	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro City Lake Forest FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthaln Aggregate Dad Suite L State IL C Occupation Ophthaln	n nologist e Year-to-Date ▼ 1000.00 LI84 Zip Code 60045-1681 n nologist e Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro City Lake Forest FEC ID number of contributing federal political committee. Name of Employer self Receipt For:	Occupation Ophthaln Aggregate Dad Suite L State IL C Occupation Ophthaln	n nologist e Year-to-Date ▼ 1000.00 LI84 Zip Code 60045-1681	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Ruff Mailing Address Vision Eye Center 900 N Westmoreland Ro City Lake Forest FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthaln Aggregate Dad Suite L State IL C Occupation Ophthaln Aggregate	n nologist e Year-to-Date ▼ 1000.00 LI84 Zip Code 60045-1681 n nologist e Year-to-Date ▼ 365.00	Date of Receipt M M / D D / 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 73 / 106
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Nelson Sabates			Date of Receipt
	Mailing Address Umkc Department of Opt 2300 Holmes			09 / 19 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K81N441322
	Kansas City	MO	64108-2634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	_
	Primary General			
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Steven Safran			Date of Receipt
	Mailing Address 132 Franklin Corner Rd.	A-1		09 / 18 / 2007
	City	State	Zip Code	Transaction ID: 1QF9OC378965
	Lawrenceville	NJ	08648-2523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	n	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) E Ronald Salvitti			Date of Receipt
•	Mailing Address Southwestern Pa Eye Ce	enter		M M / D D / Y Y Y Y
	750 E Beau Street			09 18 2007
	City	State	Zip Code	Transaction ID: 1QF9OI761176
	Washington	PA	15301-6661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General	199.19		1
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			1665.00
	,		•	
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 106
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)	
A.	Full Name (Last, First, Middle Initial) Nasrollah Samiy			Date of Receipt
	Mailing Address 724 Arden Lane			09 27 2007
	City	State	Zip Code	Transaction ID: 6N7840272438
	Rock Hill	SC	29732-2996	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	, iggi ogaic		7
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) John Saunders			Date of Receipt
	Mailing Address Suite 603	10		09 10 2007
	7711 Louis Pasteur Drive		Zip Code	Transaction ID: DTSGSA397411
	San Antonio	State TX	78229-3421	Amount of Each Receipt this Period
	FEC ID number of contributing		10220 0421	
	FEC ID number of contributing federal political committee.	C	TOLLO OTE I	365.00
	federal political committee.			
		Occupation	1	365.00
	federal political committee. Name of Employer self	Occupation Ophthaln	n nologist	365.00
	federal political committee. Name of Employer	Occupation Ophthaln	n nologist e Year-to-Date ▼	365.00
	federal political committee. Name of Employer self Receipt For:	Occupation Ophthaln	n nologist	365.00
	Receipt For: Primary General	Occupation Ophthaln	n nologist e Year-to-Date ▼	365.00
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Ophthaln	n nologist e Year-to-Date ▼	Batch Tool - PAC
c.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bradley Scharf	Occupation Ophthaln	n nologist e Year-to-Date ▼	Batch Tool - PAC Date of Receipt
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Scharf Mailing Address 8 Magnolia Drive	Occupation Ophthaln Aggregate	n nologist o Year-to-Date ▼ 365.00	Date of Receipt 0 9 0 9 2 0 0 7
C.	Full Name (Last, First, Middle Initial) Bradley Scharf Mailing Address 8 Magnolia Drive	Occupation Ophthaln Aggregate State	n nologist e Year-to-Date ▼ 365.00 Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bradley Scharf Mailing Address 8 Magnolia Drive City Rye Brook FEC ID number of contributing	Occupation Ophthaln Aggregate State NY	n nologist e Year-to-Date ▼ 365.00 Zip Code 10573-1820	Date of Receipt Date of Receipt 0 9 0 9 Transaction ID: GDW61MNC3LQ6 Amount of Each Receipt this Period
C .	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Bradley Scharf Mailing Address 8 Magnolia Drive City Rye Brook FEC ID number of contributing federal political committee. Name of Employer	Occupation Ophthaln Aggregate State NY C Occupation Ophthaln	n nologist e Year-to-Date ▼ 365.00 Zip Code 10573-1820	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bradley Scharf Mailing Address 8 Magnolia Drive City Rye Brook FEC ID number of contributing federal political committee. Name of Employer self	Occupation Ophthaln Aggregate State NY C Occupation Ophthaln	n nologist e Year-to-Date ▼ Zip Code 10573-1820	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bradley Scharf Mailing Address 8 Magnolia Drive City Rye Brook FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate State NY C Occupation Ophthaln Aggregate	Zip Code 10573-1820 Tologist Year-to-Date Zip Code 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Bradley Scharf Mailing Address 8 Magnolia Drive City Rye Brook FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	Occupation Ophthaln Aggregate State NY C Occupation Ophthaln Aggregate	Zip Code 10573-1820 Tologist Year-to-Date Zip Code 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 106 (check only one) X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Alan Schein			Date of Receipt
	Mailing Address Schein Ernst Eye Assoc 2509 N Front Street			09 / 26 / 2007
	City	State	Zip Code	Transaction ID: 6N77X4753114
	<u>Harrisburg</u>	PA	17110-1111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Gary Scholes			Date of Receipt
	Mailing Address Suite C 345 College Street South	east		0 9 2 4 2 0 0 7
	City State Zip Code			Transaction ID: 1QAZUT335358
	Lacey	WA	98503-1014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		380.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		380.00	
— Э.	Full Name (Last, First, Middle Initial) Donald Schwartz			Date of Receipt
	Mailing Address Suite 108 2650 Elm Avenue			09 / 20 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K8FI257833
	Long Beach	CA	90806-1600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
S	UBTOTAL of Receipts This Page (optional)			1180.00
т	OTAL This Period (last page this line number on	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 76 / 106 (check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	_
۹.	Full Name (Last, First, Middle Initial) Bruce Segal			Date of Receipt
	Mailing Address Suite 302 5258 Linton Boulevard			09 24 2007
	City	State	Zip Code	Transaction ID: 1QAZUT924422
	Delray Beach	FL	33484-6530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Martin Seremet			Date of Receipt
	Mailing Address 71 Kirkwood Road			09 / 20 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 34K8FI850666
	West Hartford	CT	06117-2832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Batti 1001 - FAC
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		365.00	
) .	Full Name (Last, First, Middle Initial) Chirag Shah			Date of Receipt
	Mailing Address Building 3 3100 Princeton Pike			09 / 25 / Y Y Y Y Y Y
	City Lawrenceville	State NJ	Zip Code 08648-2300	Transaction ID: 1QAZUZ863730
	FEC ID number of contributing		00040-2300	Amount of Each Receipt this Period
	federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		24.011 1001 17.0
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		365.00	
SI	JBTOTAL of Receipts This Page (optional)			1095.00
т	OTAL This Period (last page this line number on	lv)	•	

S	CHEDULE A (FEC Form 3X)		l la a agravata a abadula(a)	FOR LINE NUMBER: PAGE 77 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Philip Shands			Date of Receipt
	Mailing Address 22887 Holmwood Road			09 / 11 / 2007
	City	State	Zip Code	Transaction ID: DSPOMR501807
	Shaker Heights	OH	44122-3003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	33 13	250.00	
3.	Full Name (Last, First, Middle Initial) David Shepherd			Date of Receipt
	Mailing Address Suite 103 41935 W 12 Mile Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 6O97G9273706
	Novi	MI	48377-3111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Spencer Sherman			Date of Receipt
	Mailing Address 166 E 63rd Street			09 17 2007
	City	State	Zip Code	Transaction ID: DSPOPO386417
	New York	NY	10065-7636	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional))	1115.00
т.	OTAL This Period (last page this line number on	lv)		
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SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 78 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stateme or commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc F	Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) R Michael Siatkowski			Date of Receipt
	Mailing Address 608 Stanton L Young Boule	vard		09 10 7 2007
	•	State	Zip Code	Transaction ID: AA6QVG568298
	Oklahoma City (<u>OK</u>	73104-5014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			365.00
	a alf	ccupation phthalm		Batch Tool - PAC
	,,,	<u> </u>	Year-to-Date ▼	-
	Primary General	99.094.0		
	Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Kevin Smith			Date of Receipt
	Mailing Address 408 S Main Street			09 / 25 / 2007
	City	State	Zip Code	Transaction ID: 1QAZUZ585496
	<u>Greenville</u> F	PA	16125-1773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	colf '	ccupation phthalm		Batch Tool - PAC
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Primary General	1 1	500.00	
	Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Robert Snip			Date of Receipt
	Mailing Address Haciende De Salud 4775 Hamilton Wolfe Road		-	0 9 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: AA6QVG745926
		TX	78229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			365.00
	colf	ccupation phthalm		Batch Tool - PAC
	Receipt For: Ac	ggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify) ▼	0 0	303.00	
SI	JBTOTAL of Receipts This Page (optional)		·····	1230.00
т	DTAL This Period (last page this line number only).		>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 106 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
A .	Full Name (Last, First, Middle Initial) Derek Sprunger Mailing Address Midwest Eye Inst			Date of Receipt
	Mailing Address Midwest Eye Inst 201 Pennsylvania Parkw	ay		09 17 2007
	City Indianapolis	State IN	Zip Code 46280-1381	Transaction ID: DSPONO818732
	FEC ID number of contributing federal political committee.	C	40200-1301	Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthaln	nologist	Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Eric Sputh			Date of Receipt
	Mailing Address 1030 Fairfax Park			09 10 7 2007
	City	State	Zip Code	Transaction ID: AA6QVG337125
	Tuscaloosa FEC ID number of contributing	C	35406-2806	Amount of Each Receipt this Period 365.00
	federal political committee.			Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Batter 1001 1740
	Receipt For:	•	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Edward Stack			Date of Receipt
	Mailing Address 4318 Sunny Lake Drive			09 19 2007
	City	State	Zip Code	Transaction ID: 34K82E599025
	Hartland	MI	48353-1430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Batter 1001 1740
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
т.	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 80 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) David Stager			Date of Receipt
	Mailing Address 8201 Preston Road Suite	140A		09 17 2007
	City	State	Zip Code	Transaction ID: DSPONO583059
	Dallas	TX	75225-6206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthaln	Year-to-Date V	_
	Primary General	Aggregate	: Teal-to-Date V	1
	Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Michael Stagner			Date of Receipt
	Mailing Address Suite 1			M M / D D / Y Y Y Y
	2403 N Stockton Hill Roa			09 19 2007
	City	State	Zip Code	Transaction ID: 34K82E145471
	Kingman	AZ	86401-4188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation	1	Batch Tool - PAC
		Ophthaln		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
 C.	Full Name (Last, First, Middle Initial) Susan Stegeman			Date of Receipt
	Mailing Address Springfield Eye Consulta 301 N 8th Street Suite 6E	nts Pc 3201		09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: FQ1WHUS0TUUD
	Springfield	IL	62701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1865.00
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- 1 '	OTAL This Period (last page this line number on	ıy <i>)</i>	······································	

SCHEDULE A (F	EC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 81 / 106
ITEMIZED RECEI		or each category of the	(check only one) X 11a 11b	11c
		Detailed Summary Page	13 14	15 16 17
Any information copied from	n such Reports and Statements may	not be sold or used by any perso	on for the purpose of soliciting	g contributions
NAME OF COMMITTE	<u> </u>	process or arry pointion committee to	Solicit Contributions from Sc	on committee.
\	of Ophthalmology Inc Political	Committee (OPHTHPAC)		
Full Name (Last, First, N. J. Bruce Steigner	Middle Initial)		Date of Receipt	
Mailing Address 712	Belanger Street		09 06	2007
City	State	Zip Code	Transaction ID: DTS	
Houma	LA	70360-4406	Amount of Each Rece	ipt this Period
FEC ID number of conti federal political committe				365.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
Receipt For:		e Year-to-Date ▼		
Primary Other (specify) ▼	General	365.00		
Full Name (Last, First, Name) Roger Steinert	Middle Initial)		Date of Receipt	
Mailing Address 118	Med Surg I		09 23	2007
City	State	Zip Code	Transaction ID: F9K	
Irvine	CA	92697-4375	Amount of Each Rece	ipt this Period
FEC ID number of conti federal political committe			DA OWED OF MEDA	1000.00
Name of Employer self	Occupation Ophthaln		PACWEB GENERA TION	TED CONTRIBU-
Receipt For:		Year-to-Date ▼		
	General	1000.00	1	
Other (specify)	0 0	1000.00		
Full Name (Last, First, No. Michael Stiles	Middle Initial)		Date of Receipt	
Mailing Address 7200) W 129th Street		0 9 / 1 7	2007
City	State	Zip Code	Transaction ID: DSF	ONO513482
Overland Park	KS	66213-2624	Amount of Each Rece	eipt this Period
FEC ID number of conti federal political committe				500.00
Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
Receipt For:	"" "	e Year-to-Date ▼		
Primary Other (specify) ▼	General	500.00		
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ITEMIZED RECEIPTS or each category of the Detailed Summary Page X 11a 11b 11c 12 12 12 12 12 13 14 14 15 15 15 15 15 15	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 106	
Any information occided from such Reports and Statements may not be sold or used by preson for the purposes of soliciting contributions for occuminational purposes, other than using the mane and address of any political contributions from such committee (OPHTHPAC) NAME OF COMMITTEE (In Full)		•		or each category of the	
of to commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) A Dieve Sükan Malling Address 338 Alexander Spring Road City State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer self Occupation Other (specify) ▼				Detailed Summary Page	
NAME OF COMMITTEE (in Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Batch Tool - PAC City State Zip Code Carlisle PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer of Ophthalmologist Primary General Other (specify) ▼ 250.00 B. James Su Mailing Address Suitle 1 1309 E Ridge Road City State Zip Code Primary General Other (specify) ▼ 250.00 Date of Receipt Tor: Primary General Other (specify) ▼ 250.00 B. FEC ID number of contributing federal political committee. City State Zip Code McAllen TX 78503-1518 FEC ID number of contributing federal political committee. City State Zip Code McAllen TX 78503-1518 FEC ID number of contributing federal political committee. City State Zip Code McAllen TX 78503-1518 FEC ID number of contributing federal political committee. City State Zip Code McMaling Address Suitle 1 1309 E Ridge Road City State Zip Code McMaling Address Suitle 1 1309 E Ridge Road City State Zip Code McMaling Address Suitle 1 1309 E Ridge Road City State Zip Code McMaling Address Suitle 1 1309 E Ridge Road City State Zip Code McMaling Address Suitle 1 1309 E Ridge Road City State Zip Code McMaling Address McMillege Eve Center 1000 Wall Street City State Zip Code Ann Arbor Mill 48105-1994 FEC ID number of contributing federal political committee. City State Zip Code Ann Arbor Mill 48105-1994 FEC ID number of contributing federal political committee. City State Zip Code Ann Arbor Mill 48105-1994 FEC ID number of contributing federal political committee. City State Zip Code Ann Arbor Mill 48105-1994 FEC ID number of contributing federal political committee. City State Zip Code Ann Arbor Mill 48105-1994 FEC ID number of contributing federal political committee. City State Zip Code Ann Arbor Mill 48105-1994 FEC ID number of contributing federal political committee. City State Zip Code Ann Arbor Mill 48105-1994 FEC ID number of contributing federal political committee. C	Ar	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Date of Receipt Maling Address 338 Alexander Spring Road City State Zip Code T7015-9129 FEC ID number of contributing federal political committee. Name of Employer General Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Maling Address Suite 1 1309 E Ridge Road City State Zip Code T7015-9129 Full Name (Last, First, Middle Initial) B. James Su Maling Address Suite 1 1309 E Ridge Road City State Zip Code T7015-9129 FEU ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General Ophthalmologist	V OI		iame and add	aress or any political committee to	solicit contributions from such committee.
A Drew Stoken Mailing Address 338 Alexander Spring Road City Carlisle PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer self 1309 E Ridge Road City Mailing Address Suite 1 1309 E Ridge Road City Mailing Address Suite 1 1309 E Ridge Road City Mailing Address Suite 1 1309 E Ridge Road City Mailing Address Suite 1 100 Cocupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Receipt For: Primary General Ophthalmologist Receipt For: Primary General Other (specify) ▼ Cocupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Cocupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Cocupation Other (specify) ▼ Cocupation Other (specify) ▼ Cocupation Ophthalmologist Receipt For: Primary General Occupation Ophthalmologist Receipt For: Aggregate Year to-Date ▼ Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH211859 Amount of Each Receipt this Period Parasaction ID: DSPOQH21859 Amount of Each Receipt this Period Parasaction ID: DSPOQH21859 Amount of Each Receipt this Period Parasaction ID: DSPOQH21859 Parasaction ID: DSPOQH21859 Parasaction ID: DSPOQH21859 Parasaction ID: DSPOQH21859 Parasaction I	\rangle	,	Inc Political	Committee (OPHTHPAC)	
Mailing Address 338 Alexander Spring Road City State Zip Code PA 17015-9129 FEC ID number of contributing lederal political committee. Nagme of Employer Self Primary General Type Page of Page of Page 17015-9129 Full Name (Last, First, Middle Initial) Name of Employer Self Primary General Other (specify) ▼ 250.00 PACWEB GENERATED CONTRIBU TION Wall Street City Ann Arbor Mailing Address Kellogg Eye Center 1000 Wall Street City Ann Arbor Mailing Address Kellogg Eye Center 1000 Wall Street City Primary General Other (specify) ▼ 365.00 SubstortAL of Receipts This Page (optional)	^	,			Date of Receipt
City State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer self Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Parimary General Other (specify) ▼ Date of Receipt This Period Date of Receipt	Α.		Road		M " M / D " D / Y " Y " Y " Y
Carlisle				7' 0 1	
Technologist Tec		•		•	
Name of Employer self		FEC ID number of contributing		17010 3120	
Name of Employer Self		federal political committee.	C		
Receipt For:		Name of Employer self			Batch 1001 - PAC
Primary		Receipt For:			-
B. James Su Mailing Address Suite 1 1309 E Ridge Road City State Zip Code McAllen TX 78503-1518 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Till Name (Last, First, Middle Initial) C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City Ann Arbor FEC ID number of contributing federal political committee. C James Sume of Employer Self Sume (Last, First, Middle Initial) C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code MI 48105-1994 FEC ID number of contributing federal political committee. Name of Employer Self Ophthalmologist Receipt For: Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Ophthalmologist Amount of Each Receipt this Period PACWEB GENERATED CONTRIBU Date of Receipt		Primary General		250.00	1
B. James Su Mailing Address Suite 1 1309 E Ridge Road City State Zip Code TX 78503-1518 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Primary General Other (specify) ▼ C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City State Zip Code Ann Arbor MII 48105-1994 FEC ID number of contributing federal political committee. C. Alan Sugar FEC ID number of contributing federal political committee. C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City State Zip Code Ann Arbor MII 48105-1994 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ Cocupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ SubstortAL of Receipts This Page (optional) Packers Transaction ID: 121QKOZGOU9G48 Amount of Each Receipt this Period Transaction ID: 121QKOZGOU9G48 Amount of Each Receipt this Period Date of Receipt Transaction ID: 121QKOZGOU9G48 Amount of Each Receipt this Period Date of Receipt M		Other (specify)		250.00	
City McAllen TX 78503-1518 FEC ID number of contributing federal political committee. Name of Employer self Primary Other (specify) ▼ City Ann Arbor FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer self City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Ophthalmologist Aggregate Year-to-Date ▼ City Aggregate Year-to-Date ▼ Date of Receipt Mo M / D D D D D D D D D D D D D D D D D D	В.	,			Date of Receipt
McAllen TX 78503-1518 Amount of Each Receipt this Period GC Safe To number of contributing federal political committee. Name of Employer self		=			
FEC ID number of contributing federal political committee. Name of Employer self Receipt For:		•		•	Transaction ID: 121QKOZGOU9G48
Name of Employer self Name of Employer Self Receipt For: Primary General Other (specify) ▼ C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City State Zip Code MI 48105-1994 FEC ID number of contributing federal political committee. Name of Employer self Name of Employer Self Occupation Ophthalmologist C Cocupation Ophthalmologist Aggregate Year-to-Date ▼ Date of Receipt No M 1 17 / 2 0 0 7 Transaction ID: DSPOQH211859 Amount of Each Receipt this Period Batch Tool - PAC Substotical committee. Aggregate Year-to-Date ▼ Substotical committee. Name of Employer Self Other (specify) ▼ Substotical committee. Aggregate Year-to-Date ▼ Transaction ID: DSPOQH211859 Amount of Each Receipt this Period Batch Tool - PAC			TX	78503-1518	Amount of Each Receipt this Period
Name of Employer self Receipt For:			С		
Receipt For: Primary					
Primary General Other (specify) ▼ 365.00 C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City State Zip Code MI 48105-1994 FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional) Date of Receipt M M M J D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Receipt For:			-
Full Name (Last, First, Middle Initial) C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City State Zip Code MI 48105-1994 FEC ID number of contributing federal political committee. Name of Employer self Other (specify) Aggregate Year-to-Date Subtotal of Receipts This Page (optional) Subtotal L of Receipts This Page (optional) Date of Receipt Transaction ID: DSPOQH211859 Amount of Each Receipt this Period Estate Zip Code Transaction ID: DSPOQH211859 Amount of Each Receipt this Period Estate Tool - PAC			00 0		1
C. Alan Sugar Mailing Address Kellogg Eye Center 1000 Wall Street City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify) ▼ Subtotal of Receipts This Page (optional) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Other (specify)	0 0	365.00	
Mailing Address Kellogg Eye Center 1000 Wall Street City Ann Arbor MI FEC ID number of contributing federal political committee. Name of Employer self Primary Other (specify) ▼ Subtotal Contribution Aggregate Year-to-Date ▼ Subtotal of Receipts This Page (optional) Aggregate Year-to-Date ▼ Subtotal of Receipts This Page (optional) MM Aggregate Zip Code Transaction ID: DSPOQH211859 Amount of Each Receipt this Period 250.00 Batch Tool - PAC	C.				Date of Receipt
City Ann Arbor MI FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify) ▼ Substate Zip Code MI 48105-1994 Amount of Each Receipt this Period 250.00 Batch Tool - PAC Transaction ID: DSPOQH211859 Amount of Each Receipt this Period 250.00 Batch Tool - PAC		Mailing Address Kellogg Eye Center			
Ann Arbor FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period 250.00 Batch Tool - PAC Pagregate Year-to-Date ▼ 250.00 SUBTOTAL of Receipts This Page (optional)			State	Zip Code	
Receipt For: Primary Other (specify) ▼ Subtotal committee.		Ann Arbor	MI	48105-1994	
Name of Employer self Occupation Ophthalmologist Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 250.00 740.00			C		
Receipt For: Primary Other (specify) SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date 250.00 740.00		Name of Employer self			Batch Tool - PAC
Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)			Aggregate	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)				250.00	
SUBTUTAL of Receipts This Page (optional)		Other (specify) 🔻	0 0		
TOTAL This Period (last page this line number only)	s	UBTOTAL of Receipts This Page (optional)			740.00
	T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any persol address of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Polit	ical Committee (OPHTHPAC)	
A.	Receipt For: Primary General Other (specify) ▼	06708-3105	Date of Receipt M M A 24 2007 Transaction ID: 1QAZTX337118 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
3.		02747-3319	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: DSPOPO874933 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
)		83702-6130	Date of Receipt M M M / 20 / 2007 Transaction ID: 34K8FI870377 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)	>	1865.00
T	OTAL This Period (last page this line number only)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 106
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Lucian Szmyd Mailing Address 41 Harborview Drive			Date of Receipt
City	State	Zip Code	0 9 1 8 2 0 0 7 Transaction ID: 1QF9OI808291
Rye	NH	03870-6119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Rashid Taher	•		Date of Receipt
Mailing Address 184 Northeast 168th S	Street		09 17 2007
City	State	Zip Code	Transaction ID: DSPONO496951
North Miami Beach	FL	33162-3412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 Batch Tool - PAC
Name of Employer self	Occupatio Ophthalr		Batti 1001 - PAC
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) C. Gary Tanner			Date of Receipt
Mailing Address 109 Crosspointe Cour	t		0 9 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 68304-99103945493699
Yorktown	VA	23693-5581	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00 PAC 2nd of 4th
Name of Employer self	Occupatio Ophthalr	nologist	- AO 2110 01 4111
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			990.00
TOTAL This Period (last page this line number	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 85 / 106
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stater	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	ne and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial)			
۹.	Thomas Teather			Date of Receipt
	Mailing Address Suite A			09 17 Y Y Y Y Y Y
	1478 Highland Avenue	01-1-	7'- 0-4-	
	City	State	Zip Code	Transaction ID: DSPOPO231615
	Melbourne	FL	32935-6501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer	Occupation		Batch Tool - PAC
	o olf	Occupation Ophthalm		
			Year-to-Date ▼	-
	Primary General	Aggregate	Teal-to-Date •	
	Other (specify)		365.00	
	Carist (openity) V	0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Frank Terrell			Date of Receipt
•	Mailing Address PO Box 1317			M M / D D / Y Y Y Y
	Walling Address TO Box 1517	09 18 2007		
	City	State	Zip Code	Transaction ID: 1QF9OI313831
	Stephenville	TX	76401-0013	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
				Batch Tool - PAC
	ealf '	Occupation		Baton 1001 1710
		Ophthalm		
		Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		300.00	
	Full Name (Local First APA III LOV N			
•	Full Name (Last, First, Middle Initial) Gregory Lee Thorgaard			Date of Receipt
•	Mailing Address 135 Deppe Lane			M M / D D / Y Y Y Y
	maining radioss 155 Deppe Lane			09 17 2007
	City	State	Zip Code	Transaction ID: DSPOPO820861
	Ottumwa	IA	52501-1218	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
				Batch Tool - PAC
	colf	Occupation		Baton 1001 1710
		Ophthalm		-
		Aggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)			
_	LIPTOTAL of Descripto This David (antique)			1230.00
<u> </u>	UBTOTAL of Receipts This Page (optional)		>	
т.	OTAL This Period (last page this line number only	1	.	
	OTAL THIS I CHOO (last page this line humber ofly)	,	······	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 106
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Rebecca Tisch			Date of Receipt
	Mailing Address 7949 Canton Center Roa	d		09 / 21 / 2007
	City	State	Zip Code	Transaction ID: 6O97G9870709
	Canton	MI	48187-1533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	<u> </u>	Batch Tool - PAC
	self	Ophthalm		
	Receipt For:		Year-to-Date ▼	1
	Primary General		365.00	
	Other (specify) ▼			
3.	Full Name (Last, First, Middle Initial) Kenneth Tuck			Date of Receipt
	Mailing Address 3320 Franklin Road Sout	hwest		09 12 7 2007
	City	State	Zip Code	Transaction ID: DSPOO8422832
	Roanoke	VA	24014-1310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer self	Occupation		Batch Tool - PAC
		Ophthalm		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
			0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Kenneth Turley			Date of Receipt
	Mailing Address 2025 East 17th Street			09 24 2007
	City	State	Zip Code	Transaction ID: 1QAZUT870674
	Idaho Falls	ID	83404-6430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date ▼	1
	Primary General			
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1230.00
_	OTAL TIL D. 1.17		·	
T	OTAL This Period (last page this line number onl	y)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 106	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			, ,	13 14 15 16 17	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)		
۹.	Full Name (Last, First, Middle Initial) Sara Vegh			Date of Receipt	
	Mailing Address Suite 105 1880 W Winchester Roa	d		09 / 17 / Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: DSPONO133821	
	Libertyville	IL	60048-5321	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		Year-to-Date V	-	
	Primary General	7.99.094.0			
	Other (specify) ▼		365.00		
3.	Full Name (Last, First, Middle Initial) Mark Volpicelli			Date of Receipt	
	Mailing Address 1174 Castro Street Suite 100	•			
	City	State	Zip Code	Transaction ID: AA6QVG722153	
	Mountain View	CA	94040-2572	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:	•	Year-to-Date ▼		
	Primary General Other (specify) ▼		456.25		
_	Full Name (Last, First, Middle Initial)				
j.	William Wagnon			Date of Receipt	
	Mailing Address Angelina Eye Center 2801 S John Redditt Dr.	Suite B		09 21 7 2007	
	City	State	Zip Code	Transaction ID: 6O97G9996648	
	<u>Lufkin</u>	TX	75904-5666	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC	
	Receipt For:		Year-to-Date ▼	1	
	Primary General		205.00		
	Other (specify) ▼		365.00		
s	UBTOTAL of Receipts This Page (optional)			1095.00	
т.	OTAL This Period (last page this line number on	lv)	•		
• '		.,,	······		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 88 / 106 (check only one)
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology In	c Political	I Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Joseph Walsh			Date of Receipt
Mailing Address Ny Eye and Ear Infirmary 310 E 14th Street		/		09 / 12 / 2007
	City	State	Zip Code	Transaction ID: DSPO08917246
	New York	NY	10003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
a alf		Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Kevin Lee Waltz			Date of Receipt
	Mailing Address Suite 240 8103 Clearvista Parkway			0 9 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: FQ2UCZK3TUUD
	Indianapolis	IN	46256-4697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00 PACWEB GENERATED CONTRIBU-
	Name of Employer self	Occupation Ophthaln		TION TION
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) William Waterhouse			Date of Receipt
	Mailing Address #7 2478 Patterson Road			09 13 7 2007
	City	State	Zip Code	Transaction ID: 1K35MNJB57AM3F
	Grand Junction	CO	81505-1266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		PACWEB GENERATED CONTRIBU- TION
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	
	Other (specify) ▼			
SI	UBTOTAL of Receipts This Page (optional)		······	1750.00
т	OTAL This Period (last page this line number on	lv)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	l not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
Α.	nolf ' '	State NM C Occupation Ophthaln	Zip Code 87111-5525	Date of Receipt M M Z D Z D Z D Z D Z D Z D Z D Z D Z D
 3.	Other (specify) Full Name (Last, First, Middle Initial) Thomas Weed		400.00	Date of Receipt
	solf '	State CA C Occupation Ophthaln Aggregate		Transaction ID: 34K8FI171056 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C.	colf	State NY C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 1QNN1L922853 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)		>	1900.00
т	OTAL This Period (last page this line number only	v))	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
A.	Self Receipt For: Primary General Other (specify) ▼	State FL C Occupation Ophthalm Aggregate		Date of Receipt M
3.	self	State WY C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: DSPONO382734 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
C .	self	State ID C C C C C C C C C C C C C C C C C C C		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			675.00
T	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)			n for the purpose of soliciting contributions solicit contributions from such committee.
/	American Academy of Ophthalmology Inc	Political	Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Julia Whiteside-De Vos	Date of Receipt		
	Mailing Address 2984 Brighton Road			09 15 2007
	City	State	Zip Code	Transaction ID: 68304-33439272642135
	Shaker Heights	ОН	44120-1721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Occupation Ophthalmologist			PAC 2nd of 4th
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) John Wilmeth			Date of Receipt
	Mailing Address PO Box 1226			09 24 2007
	City	State	Zip Code	Transaction ID: 1QAZUT546677
	Anderson	SC	29622-1226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	colf	Occupation Ophthaln		Batch Tool - PAC
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
c.	Full Name (Last, First, Middle Initial) Eugene Wolchok			Date of Receipt
Mailing Address 3636 University Boulevard South				09 / 25 / 2007
	City	State	Zip Code	Transaction ID: 33CP02711644
	Jacksonville	FL	32216-4250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00 Batch Tool - PAC
	Name of Employer Self Occupation Ophthalmologist			Datell 1001 - FAC
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number only	r)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
A .	Full Name (Last, First, Middle Initial) Alyson Yashar Mailing Address 21 Arrowhead Lane City Saddle River FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NJ C Occupatio Ophthaln Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Sandra Yeh Mailing Address 4920 Fox Hall Lane City Springfield FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State IL C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: DSPONO354704 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
D.	Full Name (Last, First, Middle Initial) Robert Arthur Yohai Mailing Address 864 Second Street City Santa Rosa FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State CA C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		_	1230.00
Т	OTAL This Period (last page this line number o	only)	_	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 93 / 106
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
OI		ine and add	aress or any political committee to	Solicit Contributions from Such Committee.
/	NAME OF COMMITTEE (In Full)	a Dalitiaal	Committee (ODLITLIDAC)	
/	American Academy of Ophthalmology Inc	c Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial)			
۹.	Richard Zak			Date of Receipt
	Mailing Address Suite 1			09 18 2007
	1300 N Highland Avenue City	State	Zip Code	Transaction ID: 1QF9OC962371
	Aurora	II	60506-1464	Amount of Each Receipt this Period
		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	00000 1707	
	FEC ID number of contributing federal political committee.			365.00
				Batch Tool - PAC
	Name of Employer self	Occupation		Jacon 1001 1710
	Receipt For:	Ophthaln	Year-to-Date V	-
	Primary General	Aggregate	: Teal-to-Date V	
	Other (specify)		365.00	
		0 0		
	Full Name (Last, First, Middle Initial)			
3.	Marco Zarbin			Date of Receipt
	Mailing Address 26 Sunset Drive	09 09 2007		
	City	State	Zip Code	Transaction ID: GDUDTG8E3LQ6
	Chatham	NJ	07928-1243	Amount of Each Receipt this Period
	FEC ID number of contributing		0.020.2.0	
	federal political committee.	C		500.00
	Name of Esselvers	0		PACWEB GENERATED CONTRIBU-
	Name of Employer self	Occupation Ophthaln		TION
	Receipt For:		Year-to-Date V	-
	Primary General	7 199. 094.10		
	Other (specify) ▼	l	500.00	
`	Full Name (Last, First, Middle Initial)			Data of Descript
٠.	William Zeh Mailing Address 939 W North Avenue			Date of Receipt
	Walling Address 939 W NOITH Avenue			09 20 2007
	City	State	Zip Code	Transaction ID: 34K8FI759182
	Chicago	IL	60622-7138	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer self	Occupation	 1	Batch Tool - PAC
	self	Ophthaln		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		265.00	
	Other (specify) ▼		365.00	
				<u> </u>
_	UDTOTAL (B. 11. THE B. 11. THE			1230.00
S	UBTOTAL of Receipts This Page (optional)		······	1250.00
T	OTAL This Period (last page this line number onl	v)		
•	erre i ino i choa (last page tills lille hallibel bill	<i>,</i> ,	·············	

FOR LINE NUMBER: PAGE 94 / 106 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Aras Zlioba Date of Receipt Mailing Address Assoc Ophthal 09 18 2007 219 N Hammes City Zip Code State Transaction ID: 1QF9OC963773 **Joliet** IL 60435 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Batch Tool - PAC Name of Employer self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	130470.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12
Ar	ny information copied from such Reports and Statemen	ts may not be sold or used by any person	13 14 15 16 X 17 for the purpose of soliciting contributions
or	for commercial purposes, other than using the name a	nd address of any political committee to s	olicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Po	litical Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) AAO		Date of Receipt
	Mailing Address 655 Beach St.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Sta	ate Zip Code	Transaction ID: 15204-17130678892135
	San Francisco CA	A 94109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		365.00
	Name of Employer Occu	upation	PAC - Anonymous deposit
	Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) John McGetrick		Date of Receipt
	Mailing Address Gessler Clinic 635 First St. N	0 9 1 6 2 0 0 7	
	City Sta	'	Transaction ID: fa34cb5a0e16d128a16
	Winter Haven FL	. 33881	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		125.00 duplicate PAC recurring
	ealf '	upation Ithalmologist	thru web
		regate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
С.	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.		Date of Receipt
	Mailing Address PO Box 63020		09 30 2007
	City Sta	ate Zip Code	Transaction ID: 26103-63009279966355
	San Francisco CA	A 94163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		2298.97
	Name of Employer Occi	upation	Bank interest 9/07
	Receipt For: Primary General Other (specify) ▼	regate Year-to-Date ▼ 4120.97	
s	UBTOTAL of Receipts This Page (optional)		2788.97
		<u> </u>	2788.97
Т	OTAL This Period (last page this line number only)	>	2100.31

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S	CHEDULE B (FEC Form 3X)	Use sepera	ate schedule(s)		NUMBER: PAGE 96 / 106
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
\vdash	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Academy of Ophthalmology Inc	Political Co	mmittee (OPI	HTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Union Bank				Transaction ID: 26103-4937555193901
	Mailing Address 400 California Street				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City San Francisco		Zip Code 94104		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank charges 9/07		1	001	400.20
	Candidate Name			Category/ Type	
	Office Sought: House Disburs Senate President	ement For: Primary Other (speci	General fv) ▼		
	State: District:		<i>,</i> •		
В.	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.				Transaction ID: 26103-58858889341354
	vvolis i argo barik iv.7t.				
	Mailing Address PO Box 63020				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 7 \end{smallmatrix} \end{bmatrix}$
	City San Francisco		Zip Code 94163		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank charges 9/07			001	945.26
	Candidate Name			Category/ Type	
	Office Sought: House Disburs Senate President	ement For: Primary Other (speci	General	Ni	

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1345.46
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	P.A	GE 97	/ 106
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc					Trom Such C	JOHN THE C	<u> </u>
	Full Name (Last, First, Middle Initial)				Transaction I	D· 449838	070927	4606522
۹.	Battle Born Political Action Committee				Date of Disbu	rsement	/ * \/ * \/	V
	Mailing Address PO Box 40366 Suite 300				09 /	28	200	7
	City Washington	State Zip Code DC 20016			Amount of Ea	ch Disburse	ment this	Period
	Purpose of Disbursement 2007 Contribution		Т	011			1500	0.00
	Candidate Name			Category/ Type				
	Senate President X	ement For: 2007 Primary General Other (specify)	ıl					
		Contribution						
3.	Full Name (Last, First, Middle Initial) Chambliss for Senate				Transaction I Date of Disbu	rsement		
	Mailing Address Post Office Box 12469				09 /	28	žoč	7
	City Atlanta	State Zip Code GA 30355			Amount of Ea	ch Disburse		
	Purpose of Disbursement 2008 Primary			011			2500	0.00
	Candidate Name Saxby Chambliss			Category/ Type				
	• -	ement For: 2008 Primary Genera Other (specify)	ıl					
_	Full Name (Last, First, Middle Initial)				Transaction I	D : 589424	070927	4648148
j.	Coleman for Senate 08				Date of Disbu		,	Y
	Mailing Address 680 Transfer Road, Suit	e A			0 9	28	žoč	7
	City Saint Paul	State Zip Code MN 55114			Amount of Ea	ch Disburse		
	Purpose of Disbursement 2008 Primary			011			2500	0.00
	Candidate Name Norm Coleman			Category/ Type				
		ement For: 2008 Primary Genera Other (specify)	l					
s	UBTOTAL of Disbursements This Page (optional)						6500	0.00
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American Academy of Ophthalmology Inc F	Political Committee (OPF	HTHE	PAC)								
Full Name (Last, First, Middle Initial)				1	Fransac	tion ID:	419529	9070	92745	851	23
Committee for a Democratic Majority						Disburse		v v	V .	V	
Mailing Address 301 4th Street Northeast Suite 202	Suite 202				0 9	2	8 /	2	0 ŏ 7		
	tate Zip Code OC 20002				Amount	of Each	Disburs	ement	this P	eriod	
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	ntribution										
Full Name (Last, First, Middle Initial) 3. Democratic Congressional Campaign Com	mittoo						77653	5070	92744	399	69
	milee				M M	Disburse		ΥΥ	Y	Υ	
Mailing Address 430 South Capitol Street 2nd Floor					0 9	2	8 /	2	0 Ď 7		
,	tate Zip Code OC 20003				Amount	of Each	Disburs	ement	this P	eriod	
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Senate President X	Primary General Other (specify)										
	ntribution										
Full Name (Last, First, Middle Initial)				1	Γransac	tion ID:	718979	9070	92744	536	50
Democratic Senatorial Campaign Committee	ee				Date of I	Disburse		V	V .	V	
Mailing Address 120 Maryland Avenue No	theast				0 9	2	8 /		0 ŏ 7		
	itate Zip Code OC 20002			4	Amount	of Each	Disburs	ement	this P	eriod	
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American Academy of Ophthalmology Inc	Political Committee (OPH	ITHP	AC)							
Full Name (Last, First, Middle Initial)							049080	0709	2744	62590
Dnc Services Corporation/Democratic Nat	onal Committee					burse		v v	V .	7
Mailing Address 430 South Capitol Street	Southeast			0 ^M 9		^D 2	8	2 (o ŏ 7`	
City Washington	State Zip Code DC 20003			Amo	unt of	Each I	Disburse	ement t	this Pe	eriod
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2007 Contribution		01								
Candidate Name		Cateo Typ								
Office Sought: House Disburs	ement For: 2007 Primary General									
	Other (specify)									
	ontribution									
Full Name (Last, First, Middle Initial) 3. Earl Pomeroy for Congress							045423	30709	2745	68658
Earl Fornerby for Congress				М	OT DIS	burse		ΥΥΥ	ΥΥ	7
Mailing Address PO Box 9336				0 9		^D 2	8	2 () Ď 7 Ì	
City Fargo	State Zip Code ND 58106			Amo	unt of	Each I	Disburse	ement t	this Pe	eriod
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2008 Primary		01								
Candidate Name Earl Pomeroy		Categ Typ								
9 1	ement For: 2008									
Senate X President	Primary General Other (specify)									
State: ND District: 01	, (1 <i>)</i> , (
Full Name (Last, First, Middle Initial) Engel for Congress				_		n ID:	828266 ment	0709	2746 ⁻	14873
Mailing Address 462 California Road				0 ^M 9	M /	^D 2	D /	ž) Ď 7	7
Mailing Address 462 California Road										
City Bronxville	State Zip Code NY 10708			Amo	unt of	Each I	Disburse	ement t	this Pe	eriod
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Candidate Name Eliot Engel	'	Cateo	gory/							
Office Sought: X House Disburs	ement For: 2008									
	Primary General									
State: NY District: 17	Other (specify)									
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\rangle	American Academy of Ophthalmology Inc	Political Committee (OI	PHTH	PAC)									
	Full Name (Last, First, Middle Initial)					Transa	action	1 ID : 2	64446	6070	92746	646	314
٠.	Friends of John Tanner					Date o				v • v		V	
	Mailing Address Post Office Box 1994					0 9		28		2	0 Ď 7		
		State Zip Code TN 38281				Amour	nt of E	ach D	isburse	-		-	k
	Purpose of Disbursement 2008 Primary			044	1					1	500.0	00	
	Candidate Name John Tanner		Ca	011 tegory/ Type	-								
	Office Sought: X House Disburse	ement For: 2008	<u> </u>	урс									
		Primary General											
	State: TN District: 08	Other (specify)											
	Full Name (Last, First, Middle Initial)					Transa	action	1D: 4	36300	070	92745	5538	10
3.	Hooley for Congress					Date o		oursem	nent			_	
	Mailing Address PO Box 2050					0 9	M /	^D 2 8	8 /	ž	0 ŏ 7	Υ	
	•	State Zip Code OR 97308				Amour	nt of E	ach D	isburse	emen	t this F	erioc	t
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	Candidate Name Darlene Hooley			tegory/ Γype									
	ů X	ment For: 2008	•										
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	State: OR District: 05	Care (opening)											
Э.	Full Name (Last, First, Middle Initial) Inslee for Congress					Transa Date o		_	41048 nent	3070	92746	6554	42
	Mailing Address PO Box 33027					0 ^M 9	/	D 2 8	B /	Ý Ž	0 ŏ 7	Y	
		State Zip Code				Amoun	at of E	ach D	isburse	omon	t thin E	lorios	
		WA 98133				Amour	IL OI E	acn D	isburse	-		-	1
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	Candidate Name Jay Inslee			tegory/ Γype									
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American Academy of Ophthalmology Inc I	Political Committee (OPH)	ГНРАС)					
Full Name (Last, First, Middle Initial)			Transac	tion ID: 8	8445707	0905558	80951
Jeb Bradley for Congress				Disbursem	_	Y Y Y	7
Mailing Address 645 South Main Street			0 9	0 6		ž 0 0 7 `	
,	State Zip Code NH 03894		Amount	of Each D	isburseme	nt this Pe	eriod
Purpose of Disbursement	11 03034					2500.00)
2008 Primary		011					
Candidate Name Joseph Bradley		Category/ Type					
Office Sought: X House Disburse							
Senate X President	Primary General Other (specify) ▼						
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Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)				tion ID: 8 Disbursem	4988007	0927447	71891
			M M M 0 9	/ D 2 8	_	ž 0 0 7 \	7
Mailing Address 205 South 5th Avenue Suite 428							
,	State Zip Code VI 54601		Amount	of Each D	isburseme	nt this Pe	eriod
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President	Other (specify)						
State: WI District: 03 Full Name (Last, First, Middle Initial)			_		0000007	200555	70407
Louie Gohmert for Congress Committee				Disbursem		J90555	/312/
Mailing Address PO Box 8060			0 9	0 6		ž 0 ŏ 7 `	
,	State Zip Code FX 75711		Amount	of Each D	isburseme	nt this Pe	eriod
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Candidate Name Louis Gohmert		Category/ Type					
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American Academy of Ophthalmology Inc F	Political Committee (OPH)	THP	AC)								
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Nathan Deal for Congress						Disburse / D		V . V	V	V	
Mailing Address PO Box 902				O	9 M	້ _ 2	8 /	2	0 0 7		
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Gainesville Purpose of Disbursement	GA 30503			$+$ Γ				1	500.0	00	٦
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,	State Zip Code GA 30503			An	nount o	of Each	Disburs	emen	t this P	erioc	t —
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,	itate Zip Code DC 20003			An	nount (of Each	Disburs	emen	t this P	erioc	t
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\rangle	American Academy of Ophthalmology Inc I	Political Committee (OP	HTH	PAC)								
	Full Name (Last, First, Middle Initial)					Transac	tion ID:	55312	1070	92743	3938	348
٦.	National Republican Senatorial Committee						Disburs		Y .)	/ · Y	Υ	
	Mailing Address 425 Second Street Northe	east				0 ^M 9 M	2	28 /	2	2 0 ŏ 7		
	,	State Zip Code DC 20002				Amount	of Each	Disburs	emen	ıt this P	erio	t
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3.	Full Name (Last, First, Middle Initial) Rangel for Congress					Transac	ction ID: Disburs		1070	91138	3365	35
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	Mailing Address PO Box 5577 Manhattanville Station					0 9		1	2	2 0 ŏ 7		
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	Charles Rangel			tegory/ ype								
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						0 9 M		28 /	Ϋ́	2 0 ŏ 7	Υ	
	Mailing Address 310 First Street Southeas					-						
	,	State Zip Code DC 20003				Amount	of Each	Disburs	emen	it this P	erio	d
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IT	EMIZED DISBURSEMENTS	for each category Detailed Sumn	ory of the (check or 21b 27	1ly one) 22 28a	X	23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc											
۹.	Full Name (Last, First, Middle Initial) Tiberi for Congress					-	e of D	isburse	07791! ement		92747 0 ŏ 7	_
	Mailing Address 2021 E Dublin Granville I Suite 2000					U	9		0		0 0 7	
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Э.	Full Name (Last, First, Middle Initial) Van Hollen for Congress					I		ion ID:	15337	70709	2746	38440
	Mailing Address 10537 St. Paul Street					0 ^M	9 м	[/] 2	8 /	ž	0 ŏ 7	Y
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 106/106
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	y Information copied from such Reports and State for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Academy of Ophthalmology In	Political Committee (OPHT	HPAC)	
	Full Name (Last, First, Middle Initial)			Transaction ID: 28557-21509951353073
۹.	Edwin Hurlbut Ryan			Date of Disbursement
	Mailing Address 7760 France Avenue S	Suite 310		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Minneapolis	State Zip Code MN 55435-3216		Amount of Each Disbursement this Period
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	Candidate Name	C	Category/ Type	
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	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•		•		31.25
TOTAL This Period (last page this line number only)	•				31.25